DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. PEGENED NAME (TYPE OR PRINT) 20. DATE KNOWN XX MONTH OF ESTI-Keller Randy J. 11-16 19 86 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 5 DATE OF BIRTH 5:30 DATE LAST BIRTHDAY) PRONOUNCED White 28 YRS Male DEAD 11-16 19 86 a . M TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED NEW U.S.A. YORK Baltimore County, WIDOWED DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Woodlawn Unemployed Rt. 695 between exits 17 & 18 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Cotton Rd. New York COUNTY Silver Springs Wyoming 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE M. Elmer Mary Salamone Keller 17 INFORMANT (Mother) 166. SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** YES NO, OR UNKNOWN) 128-59-5308 Mary M. Keller Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cranio-cervical Trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR MEDICAL CONTRIBUTING CAUSE OF DEATH 11-16 1986 pedestrian struck by auto 21e PLACE OF INJURY (AT HOME. 211 LOCATION 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE XX Rt. 695 between exits 17 & 18, Balto. Co., Md road AutopsyXX 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Addident XX Suicide L Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-16-86 DATE Assistant SIGNATURE. EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Gregory R. Kauffman, M.D. 21201 230.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION OR TOWN 11/22/86 Warsaw Cem. Warsaw Wyoming 21018 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH-17 Fleming Funeral Service Benson, Md. (VR A15 ME (5))

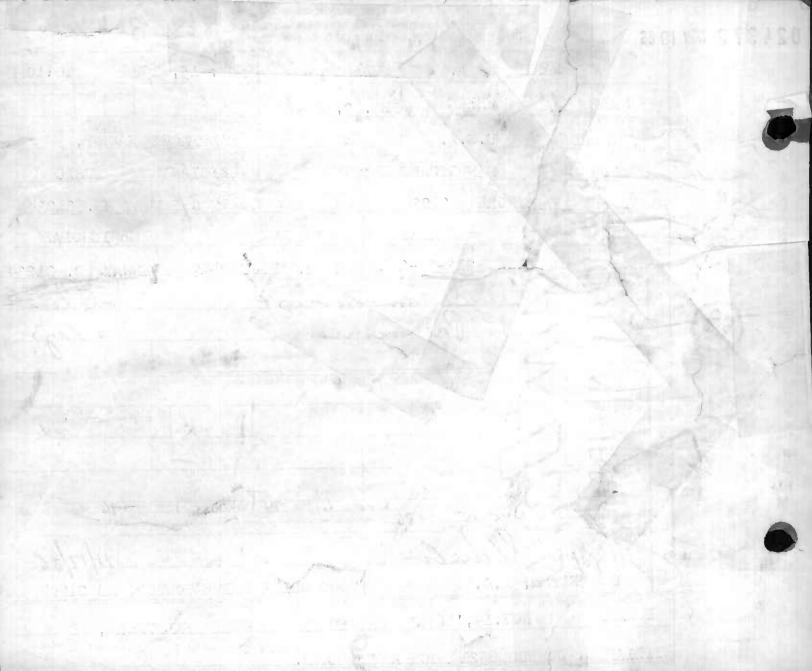
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 2g. DATE OF DEATH 30. 5 DATE OF BIRTH MONTH April 26 1904 Cauc. 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDX WIDOWED Baltimore County PEOF WORK FOR MOST OF WORKING LIFE) LIND OF BUSINESS LIND 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Manor Care Towson Country Club USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 3142 Abell Rd. 15. MOTHER'S MAIDEN NAME Anne Bradley ADDRBalto, Md. 21236 17 INFORMANT 216-10-380 David Kraus, Nephew, 4230 Mispillion Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 11/1/86 DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR PM 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN IT HOME, STREET FACTORY, OFFICE, FARM, ETC 1 22a. I certify that (1) (this haspital) attended the deceased from and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS

201 E. University Pkwy.

23¢ NAME OF CEMETERY OR CREMATORY

St. John's Hydes

L DECEASED NAME Mark E. Kelly 3. SEX Male 6. BIRTHPLACE ASTATE OF FOREIGN Maryland O CITY OR TOWN OF DEATH Balto. Md. 4 FATHER'S NAME Michael Kelly 60 WAS DECEASED EVER IN U.S. ARMED FORCES? NO PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE saw the deceased al 776 SIGNATUI Dr. Cool-Foley 23¢ BURIAL, CREMATION, REMOVAL

Burial DHMH - 16 60M 7/84 (VRA 15, 4)

4 Schipmanek Funeral Home, Inc.

9705 Belair Road, Balto., Md. 21236

12/3/86

4 RACE

131 COUNTY

IMMEDIATE CAUSE to

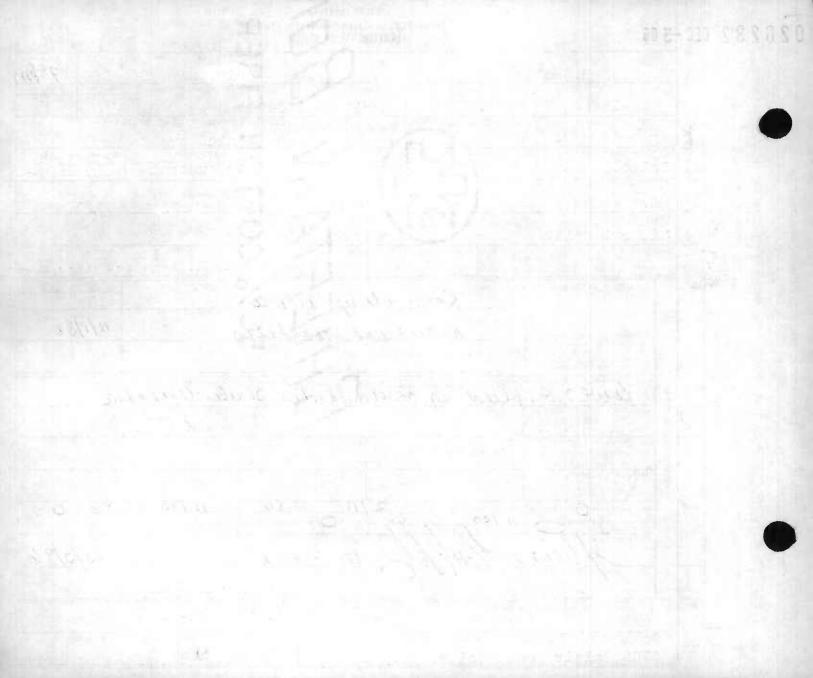
USA

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hydes, Md.

#21218

STATE



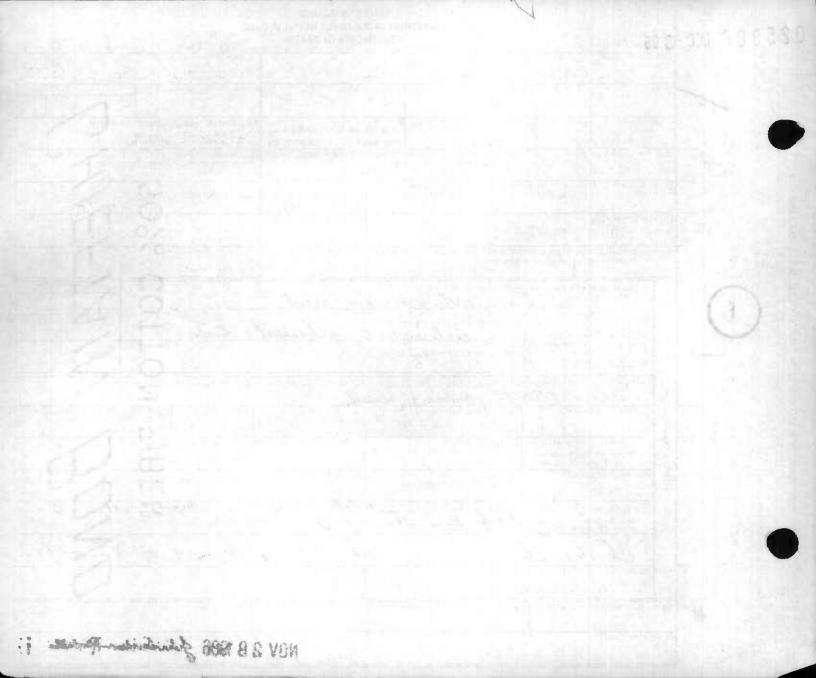
ADDRESS

Anatomy Board

Balto., Md.

DHMH - 16 60M 7/84

(VRA 15, 4)



0023829 NOV 14186 OR TATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR RIO NO DECEASED NAME 2n DATE OF DEATH MONTH TYPE OR PRINTI 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH DAY EMALE FLACIS 889 PANUARY TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMOREICITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND SA WIDOWED X DIVORCED CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION HE NOT IN SUCH FACILITY GIVE STREET ADORESS) TYPE OF WORK FOR MOST OF WORKING LIFE! HOMEHAKER USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? ABERDEEN MARYLAHO ARFORS NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EITH HOLLAND + RANCKAHNA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY nenmoni IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF eizure disord underlying couse lost CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NOF 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_

13e STREET ADDRESS / ZIP CODE 115 HANOUER STREET APT"C" FISHROPEN, MARULAND PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (aur) apinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE (SPECIFY) CITY OR TOWN BUISIAL UNICH UNITED METHODIST HBERDEEN THEYLAND 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE RRINGFUHERAL HOME, P.A. ABERDEEN, MARYLAND 2109-3399

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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12b. KIND OF BUSINESS OR

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INDUSTRY HOME

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injury, or other troumotic event,

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CEASED NAME FIRST	٨	AIDDLE	l.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR P
(type	Lore	tta	С.	K	lenny			11	29 86	2:55 A
3. SE	X	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Cauca	asian	Dec		92	93	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	ARRIED X	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	NEW YORK	USA	A	WIDOW		ORCED	Baltin	nore	County	MD.
10_C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	G HOME C	OR OTHER INST	ITUTION	120. USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
Ha	lethorpe		Joseph Re		ce		Telephone		INDUSTRY AT	&T
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CERTIFICATION										
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E E							YES NO		YES	NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			Y YEAR	21c. HOW IN.	IURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM I	B PART OR PART 2)	
CAI	(IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.A		19						
MEDICAL	21d. INJURY OCCURRED	(AT HOME STRE	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATIO	N	CITY OR TO	OWN	COUNTY	STATE
	AT WORK NOT WHILE AT WORK									
	22a.1 certify that (1) (this has		deceosed from			. 19	, to			that (I) (we) lost
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	sow the deceased alive o	not) view the body	ofter deoth		DEGREE				22c. DATE	
	sow the deceased olive o obove, (I) (we) (Id) (did no 22b. SIGNATURE	ame A	bose Se		DEGREE A	ITENDING HYSICIAN	MEDICAL STA	FF		
	sow the deceased alive a obove, (I) (we) (ii) (did not 22b. SIGNATURE	ame Porpring Bock	ofter death. Se PRA111 Be	mA	DEGREE	ITENDING HYSICIAN	MEDICAL STA	FF		
	sow the deceased olive o obove, (I) (we) (Id) (did no 22b. SIGNATURE	Ame P ORPRING ORPRI	PRATII PRATII	MA SE AME OF C	DEGREE A P A P A P A P A P A P A P A	TTENDING HYSICIAN Y	MEDICAL STA	FF	e Bl	SIGNED Ch'more STATE
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	SOW the deceased olive on obove, (1) (we) Tolid) (did of 27b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE CAMPAL) BURIAL, CREMATION, REMOVA (SPECIFY)	ORPRING CE 123b. DATE Dec 3	(PRA111 1986 G	MA OSE AME OF C	DEGREE A F A A	ST- REMATORY	Paul P 23d Location Gity or rown Brooklyte CCC, By REGISTRAR	FF CIAN [220 DATE 220 DATE COUNTY	SIGNED Chimorl NY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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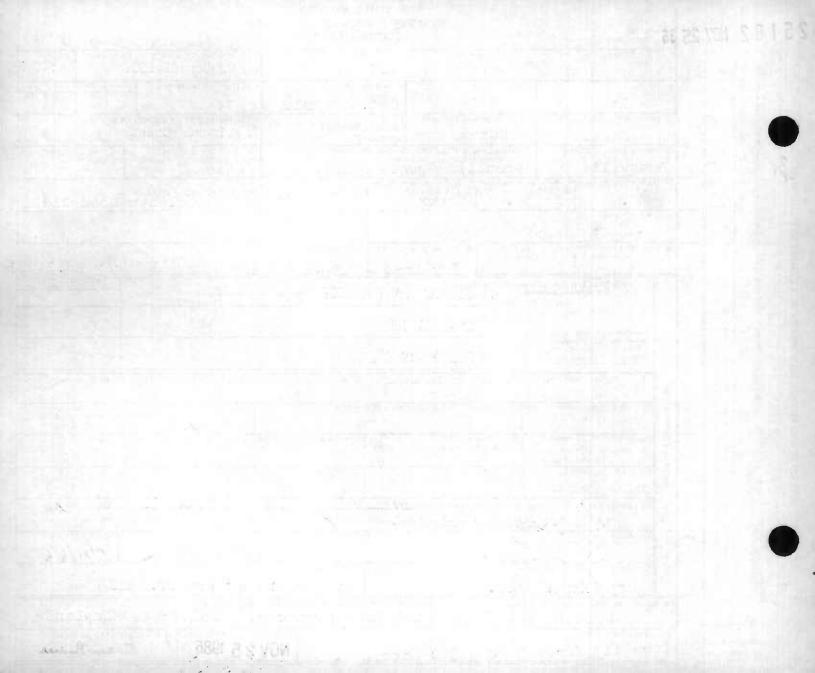
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	7a. B	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WI	HAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY C	F DEATH	
XO			UNITEL	STATES	WIDOWE		COUNTY	500		MD.
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(VRA 15, 4)			ise Ave.				C 1 1000	aulia 1	Taridam	Pandall
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25628 DEC	+2	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0.95	1 4 3 3
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
oy be	(TYP	Bett;	y Lane	Keys	November 25,	1986
a po	3. SE	X	4. RACE	5. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS
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n. Po	/	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deoth merchin 73		st Virginia	USA	WIDOWED DIVORCED	Baltimore Co	unty MD.
he fu		ITY OR TOWN OF DEATH	THE NIGHT INTERNET EACH ITY COVE CORES	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
by filled		Catonsville	6606 Lochinva	ar Drive 21228	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	Home
ING PHYSICIAN: The low requires that the der the transmine executed within 24 hours or other ding physician. Wher this certificate has been signed by the offine or present and completely filled in by as the buriol-transmine permit. Then please remove combination may properly as the buriol-transmine permit. Then please remove combination may be filled that and Mental Hygiene prior to buriol, cremation, or removal.	13a.	STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW timore Catons	/N \$ 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6606 Lochinva	r Drive 2122
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NO ST OF OF ST OF			ital) attended the deceased from	March 1983	, to	9_6_, that ((we) lost
ATTE Spire CCTO d for n 21			view the body after death.		death occurred on the date and hour	
OR or ho or he or		DE-SIGNATURE	11/11/1	DEGREE	AAEDICAI STAFE	22c. DATE SIGNED
TAL RAL deto deto Tote	4	Sottenh	Wille		MEDICAL STAFF DIRECTOR PHYSICIAN	11/26/86
TO HOSPITAL etoined by the TO FUNERAL should be determined with the Stote MAPORTANT:		Patrick W	. White, M.D.	299 Freder	rick Rd. Balto	., MD 21228
5 5 5 4 3 ₹4	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		25a DA1	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
(VPA 15 4)	M	ac Nabh Funers	al Home Caton	I dw offive	NV 2 8 1986 Julia	Devidion Parlace

STATE OF MARYLAND

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AND 218	The first in the f	USU 13a. S	AL RESIDENCE (IF NURSI STATE Md.	136 COUN Bal	OTHER INSTITUTION. TY to.	13L CITY OR		13d. INSIDE CITY L	LIMITS?	3e STREET ADDRESS 688 Midd	ZIP CODE lesex	Road	21221
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ORE,	xecuted ind com		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDR	ESS	5.74	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2180	equires that the death co is signed by the attendin Then please remove cor intropolation, or injury, or other traumoti	TION		ediote the last.	DUE TO, OI	PULMOI		NOT RELATED TO		IAL DISEASE OR CON			
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	O HOSPIT.		Gary John	nson	, MD,.	•				in Square	Dr., 2	1237	
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STATE OF MARYLAND

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The syn		Maryland	USA		WIDOW			ore County	
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A 2 5 5	Ián V	VAS DECEASED EVER IN U.S. AI		16b. SOCIAL SECU	RITY NO.	17. INFORMANT		Spring Ct	
IIMOR	(YES, NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	217-14-9		Janet Kirby (ill Reiste	erstown, M	id. 21136
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	24 FI	UNERAL DIRECTOR			ZEO	771- D 1 250 DAT	E REC'D. BY REGISTRAR	2M. REGISTRARIS SI	GNADIRE

DHMH - 16 50M 4/83 (VRA 15, 4)

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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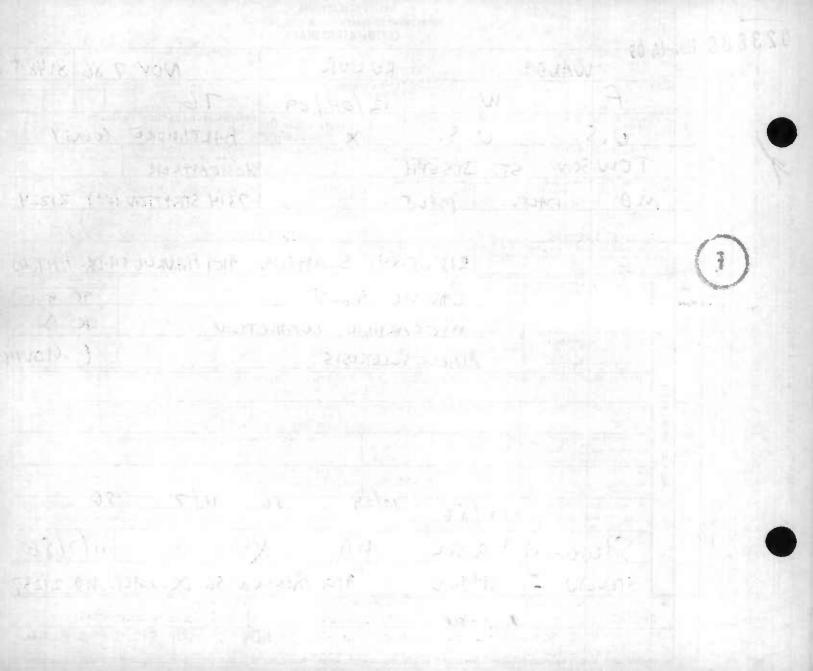
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion TO FUNERAL DIRECTOR. After this certificate should be detached for use as the buriol-transity with the State Dept. of Health and Mental Hygier IMPORTANT: if them 21 is marked or them 18 should have the state of them 21 is marked or them 18 should have the state of them 21 is marked or them 18 should have the state of them 21 is marked or them 18 should have the state of them 21 is marked or them 18 should have the state of them 21 is marked or them 18 should have the state of them 21 is marked or them 18 should have the state of the st	WEDICAL WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ODDOR, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO L.COLA 4)	HOUR A. P. 21e PLACE (AT HOME, STI tol) ottended th	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, FA e deceosed from ofter death. January M. MONTH DAM M. MO	or	211 LOCATION 211 LOCATION STREET 19 6 19 nd that in (my) (our) opinion of Operation of Physician (or Physician	city or to // deoth accurred on the do MEDICAL STAI DIRECTOR PHYSIC	wn country 1986 ote and hour and from	rty STATE
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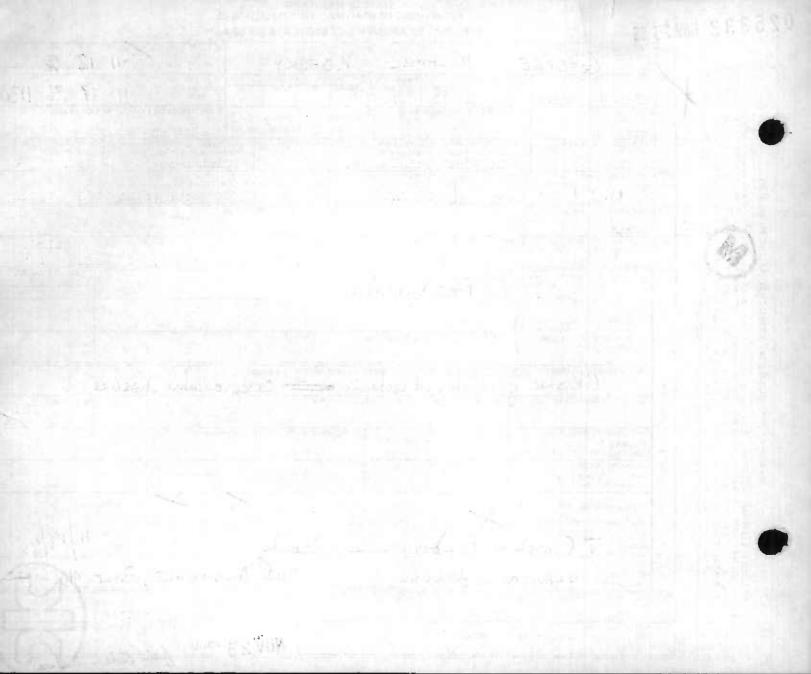
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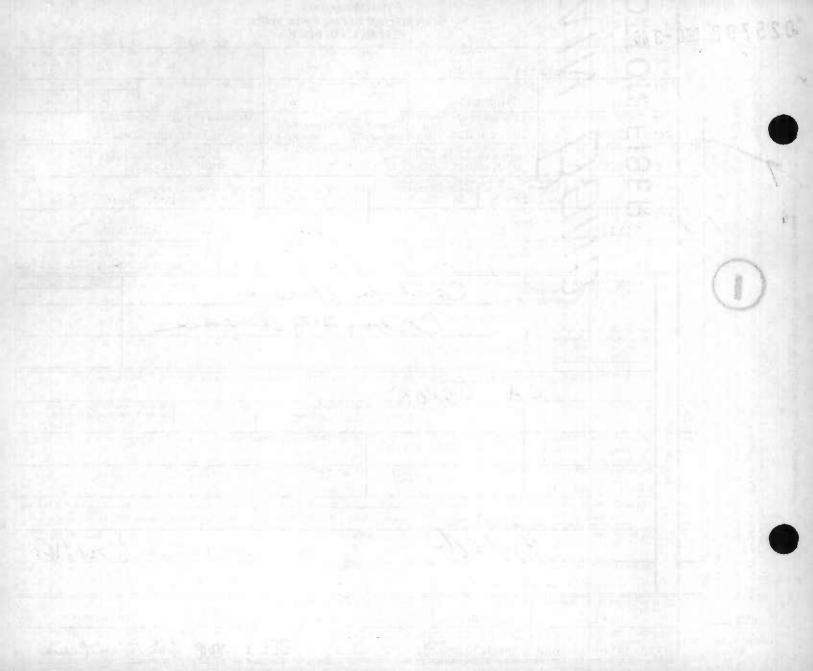
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AN 22	1	MO	BAC	T.	BAL	T	YES NO	17314 ST	RATTOI	U WAY	21224
RYL Applying	14. F	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE			LAST
W P P P		John Sliwins						Dialkowski_			
ORE J		WAS DECEASED EVER IN		ED FORCES?	16b. SOCIALS	ECURITY NO.	17. INFORMANT		RESS		N
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs rattending physician. Viter this certificate been signed by the attending part formand carpinely filled in b as the buriol-transit permit. Then please remove things permit strains to buriol, cremation of remains order or term A8 shows any injury, or other troumant event in sted at some ermost orked or term A8 shows any injury, or other troumant event in sted at some ermost orked or term A8 shows any injury.		NO			2150	151891	S.M501	V 9101 AV	MKLIN		
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0 € 5 € ₹ ¥	23a.	BURIAL, CREMATION, RE	MOVAL	23b. DATE		3c. NAME OF C	METERY OR CREMATORY	23d LOCATION	7	- 4	
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STATE OF MARYLAND 025333 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME TO DATE KNOWN (TYPE OR PRINT) ESTI-18 MICHAEL FEORGE DEATH MATED AGE (IN YEARS DAY 2d HOUR IF UNDER TYR. IF UNDER 24 HRS . DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED 1130 DEAD 12 12 74 YRS Male white 1.0 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Baltimore County USA Maryland 12g USUAL OCCUPATION TYPE OF WORK 12b KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Painter-Ret'd 4020 North Point Blvd. G.M. Dundalk UAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Dundalk YES 4020 North Point Blvd. Baltimore Maryland & FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST EIRST FIRST Malek Kofsky George Mary MAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO 17. INFORMANT ADDRESS Blvd. (YES, NO. OR UNKNOWN) 216-01-2151 Mrs. Anna Barcikowski/4020 North Point 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) . BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 7 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes Undetermined manner death resulted from: Suicide Hamicide MEDICAL EXAMINER EXAMINER'S NAME TO CRUSS AN 730 BURIAL, CREMATION, REMOVAL 736. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Oak Lawn Baltimore Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Duda-Ruck Funeral Home of Dundalk **DHMH - 17** 5 1300 (VR A15 ME (5)) Julia Diriden Por Lace Dundalk, MD 20M 4/B2

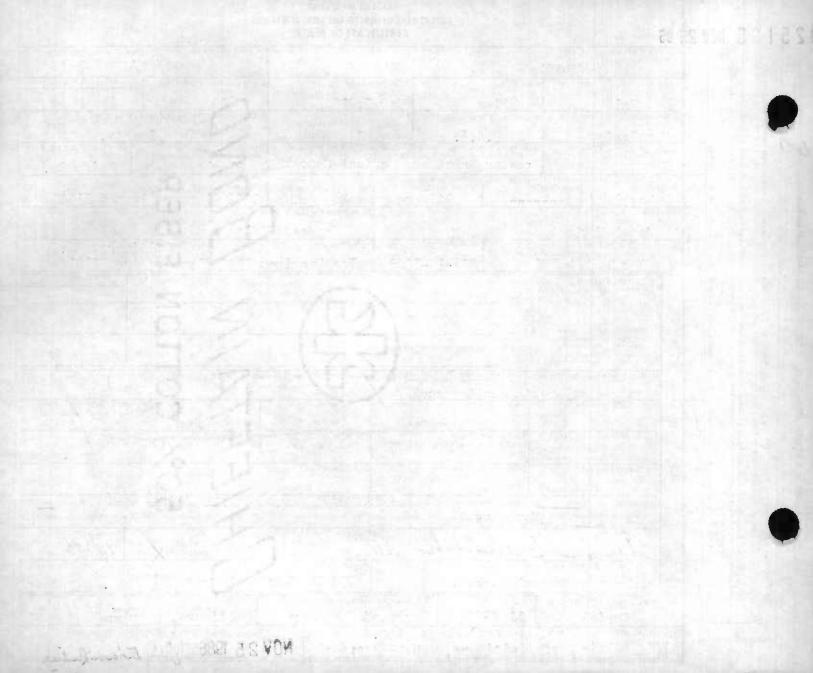


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death responsibility.	endira contra part n, or a gral motic eventyth			EDIATE CAUSE (0) DUE TO, C	OR AS A CONSEC		e a	mer de	less	·Q	SET WE	ROXIMATE IN EN ONSET AF	TERVAL ND DEATH
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OF VITA	ending physician. this certificate has te burial-transit per ad Mental Hygiene d or Item 18 shows		21a. ACCIDENT WAS UNDERLYING CAUSE	OF DEATH HOUR A		DAY YEAR	21c HOW IN	JURY OCCURE	RED (ENTERNATURE		18 PART T OR PART	2)	
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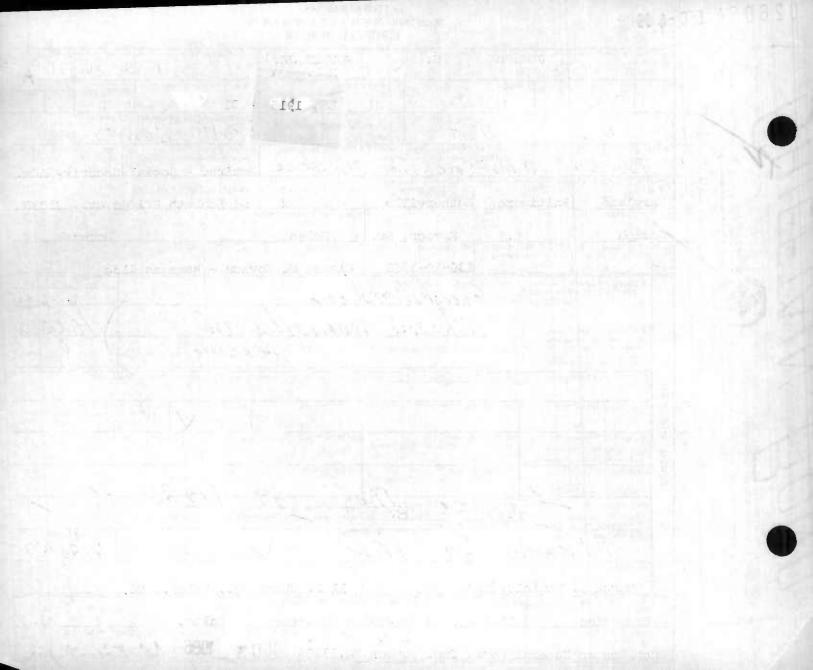


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11/66		ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTIO		USUAL OCCUPAT	OF WORKING LIFE) INDI	KIND OF BUSINESS OR
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	Au	brey E. Koontz	AIDDLE	LAST		Living- A	lice Ma	y (nee Boon	(e)	LAST
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edi:	ve	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	219-20-3	085	4402 Wind			ndallstown	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death cert r attending physician. Were this certificate been signed by the ottending to state burial-tronsit permit. Then please remove carbon sta the burial-tronsit permit. Then please remove carbon into and Mental Hygiene prior to burial, cremation, or rer orked ar Hen B shows any injury, or other traumatic ev	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR COM	DITION GIVEN IN P	'ART Ira
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BCC BCC	8	190 DATE OF OPERATION	1%. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
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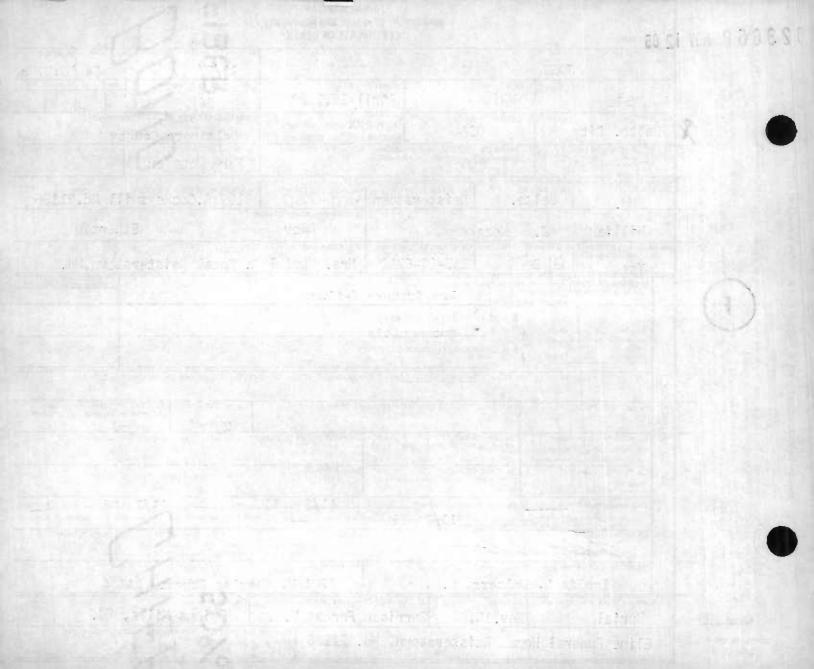
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moy po	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
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uires iignea en ple a buria	z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	N GIVEN IN PART 110
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low respective to prior	ICA	19a. DATE OF OPERATION	196 CON	DITION FOR WE	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The ician.	RTIE						YES NO	YES NO
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TTEN TOR Of He		sow the deceased of obove (we) (did) (d that in (my) (our) opinion	death occurred on the date on	d hour and from the causes stated
R A hosphos		226. SIGNATURE	Die Holl view the Bot	by differ death.	0	DEGREE		21c DATE/SIGNED/
the Dollar		11/18/14	110/1.	11	In	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2/180
PITA by ERA Stat		22d PHYSICIAN'S NAME	(TYPE OR PRINT)	71		122e ADDRESS	DIRECTOR PHYSICIAN L	11/00/01
O HOSPITAL etoined by the TO FUNERAL should be det with the State		Marilla D. D.		/-				
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DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR		ADDR	ss 1050 Y	York Rd. 250 DAT	TE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	Ru	ck Towson Fu	neral Hom	e. Inc.	Towson	Md.21204 UE	C 3 1986 du	lia Troidon Pardage



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH I DECEASED NAME LTYPE OR PRINT poge 3 **JOHN** KOZAK 86 10:20 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER TYEAR White April 15,1920 1 Male BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Balto. City USA Baltimore County DIVORCED [10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Farm Manager Towson USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1109 A.Cockeysmill Rd.21136 13b. COUNTY Balto. Reisterstown Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Amey Etherton Kozak ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Muriel A. Kozak Reisterstown, Md. 217-12-6712 YAS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Respiratory failure IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b) * Dneumonitis gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF NO [YES -210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. obove, (I) (we) (did) (did nat) view the body after death, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Leslie L. Walters, M.D. 6701 N. Charles Street 21204 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Buria1 Owings Mills, Md. Nov.10,86 Garrison Forest V.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Eline Funeral Home Reisterstown, Md. 21136 DHMH - 16 50M 4/83 (VRA 15, 4)



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1	r death. Page	×	(RTHPLACE (STATE OR FOREIGN OUNTRY) Md. TY OR TOWN OF DEATH	U.S.A	MARRIEI WIDOWE		9 BALTIMORE CITY OR 12a USUAL OCCUPATIO	Re. Coc	MD KIND OF BUSINESS OR
21201	haurs ofte d in by thi	The natif		Baltimore AL RESIDENCE (IF NURSING HOM TATE 1136 CO	MANUE ME OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION	SUILE	nomemak	er	DUSTRY _
ARYLAND	s within 24 pletely filled	See C	14 FA	Md. B		Baltimore	YES NO X 15 MOTHER'S MAIDEN NAM Anne	4215 Nec	ker A	ze. 21236
., BALTIMORE, MARYLAND 21201	and com	a los paus as		AS DECEASED EVER IN U.S	ARMED FORCES? 166	50CIAL SECURITY NO. .7-01-2584	17 INFORMANT Peter Kra	ADDRES .us (Husbar	S	ne address
W. PRESTON ST	hot the death certition by the attended corting and second cortinates and second corti	othe training terminal		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS	CONSEQUENCE OF	2. Candro serp seare in Bo	am.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201		ony inju	CERTIFICATION	PART 2 OTHER SIGNIFICAL		BUTING TO DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WEF	RE FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	PHYSICIAN: The ending physicia this certificate the be buriol-transit	ed or Item 18 sho	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 216 INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY YEAR	216 HOW INJURY OCCURI	YES NO		NO DR PART 2) OUNTY STATE
Ala C	OR ATTENDING of hospitol or off DIRECTOR, After	f frem 21 is mark		220.1 certify that (I) (this h	1 1 - 21	death.	DEGREE ATTENDING	medical STAFF	e and havr and	20. DATE SIGNED
	OSPITAL ned by th TUNERAL Id be dete	N. T.		27d. PHYSICIAN'S NAME (I	YPE OR PRINT)		PHYSICIAN 6 1220 ADDRESS GOOD 560 LOCKE	SOW PHYSICIA	369 7	11/30/02,

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

12/2/86 14 FUNERSCHIMUnek Funeral Home, Inc. 9705 Belair Rd., Balto. Md. 21236

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

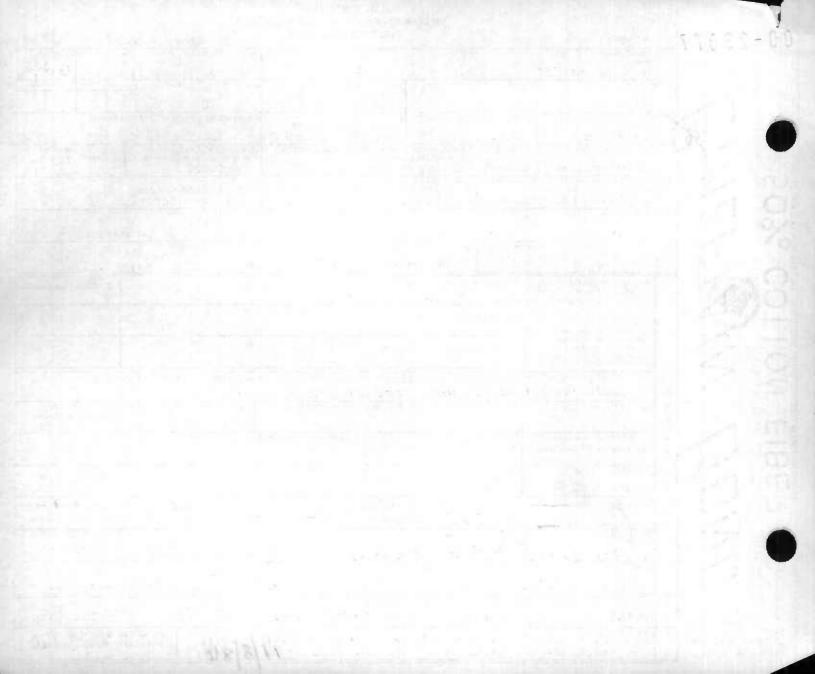
Burial

23d LOCATION
CITY OR TOWN
Baltimore Md. St. Joseph Cem. DEC 2 dia Dividson Pondas

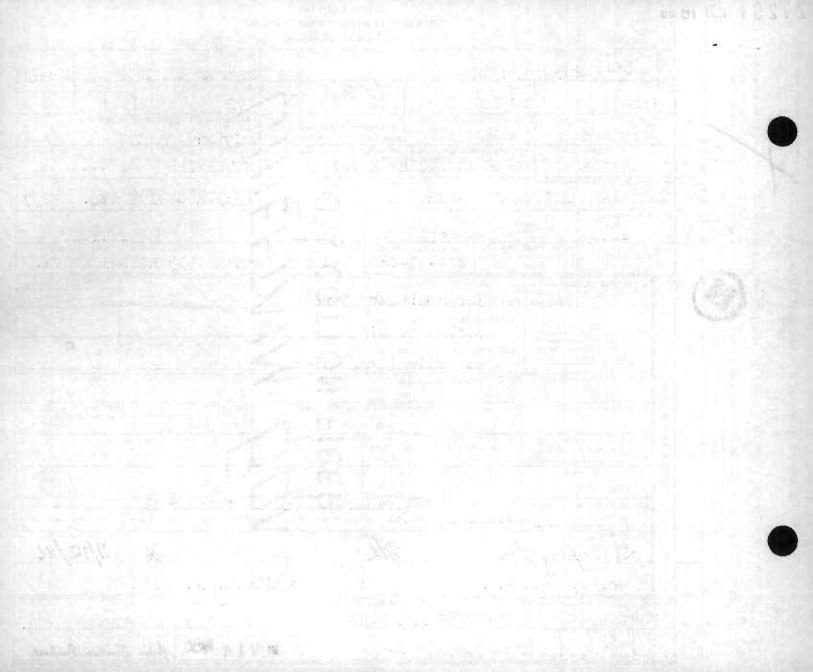
COUNTY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR (TYPE OR PRINT) HARVEY LANDON November 3. 1986 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS Male White December 26.1907 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWEDKX Baltimore County DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Crown (TYPE OF WORK FOR MOST OF WORKING LIFE) Catonsville Summit Nursing Home Engineer Cork & Seal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
13b. COUNTY
13a. CITY OR TOWN 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 827 Braeside Road NOX 21229 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST William Henry Landon Grace Hammerslovgh 166 SOCIAL SECURITY NO 21 Six Notches Court 17 INFORMANT 215-07-0368 Harriet C. Landon Baltimore, MD.21228 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Occlusive arteriosclerotic cerebrovascular disease 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 190 DATE OF OPERATION 20h IF YES. WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [Hygi 71a. ACCIDENT WAS UNDERLYING DIVISION OF VIT 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 Me 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE 22a.1 certify that (1) (this haspital) attended the deceased from_ 8/3/80 solve the deceased alive on 11/3/86 above the (we) (did) (did not) view the body after death and that in (my) (com) apinion death occurred on the date and have and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL 11/4/86 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS should b Suite 300 Laurence Gallager M.D. 3455 Wilkens Avenue, Baltimore, MD. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Baltimore 11/6/86 Loudon Park Cemetery Maryland 24 FUNERAL DIRECTOR & Russell C. Witzken Funeral Homes P. A. A. A. L. D. M. & Russell C. Witzken Funeral Homes P. A. A. A. L. D. M. L. D. DHMH - 16 60M 7/84 1630 Edmondson Avenue, Catonsville, MD. 21228 (VRA 15, 4)



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	ATTER Spirto CTO! d for a of H			saw the deceased all abave, (# (we) (did) (did not view	the body	r 12 19_ ofter death.	86—, or	d that in (my) (our)) opinion de	eath accurred on the de	ote and hour a	and from the	couses stated
	DR he he he he he he he he he he he he he			22b. SIGNATURE	. //	1		46	DEGREE				22c. DAJE	SIGNED
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	SPIT d by NER be c te Ste	1		226. PHYSICIAN'S NAME			5-70-71		22e. ADDRESS	-				
	TO HOSPITAL (retained by the TO FUNERAL I should be detai with the State [IMPORTANT: If			Gregory F	Ross, N	M.D.			9000 Fr	ankli	n Sq. Dr.,	21237		
	Day Show	1		URIAL, CREMATION, REM	OVAL 23b.	DATE	23c.	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
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	DHMH - 16 60M 7/	84		PERAL DIRECTOR	1	1	4000000	,		25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	
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1.05							RECON		3 1	1 13
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10 C	TY OR TOWN OF DE	ATH	11. NAME OF	F HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS
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130	AL RESIDENCE (IF NUR	13b COUP		136 CITY OR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
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	Pasqua		J.	Lattan		Mary	Floren		DelP	izzo
	VAS DECEASED EVER	RIN U.S. AR	MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDR	ESS		
	VES NO OR LINKNOWN)									
	YES, NO OR UNKNOWN)	[IF YES, GIV	5-1958	230 4	2-1566	Mrs. Julia			Same	as 13e
-	Yes	195	5-1958		2-1566	Mrs. Julia	S. Lattanze			as 13e
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MARCHE FUNERAL HOME 1101 P. NORTH AVE.

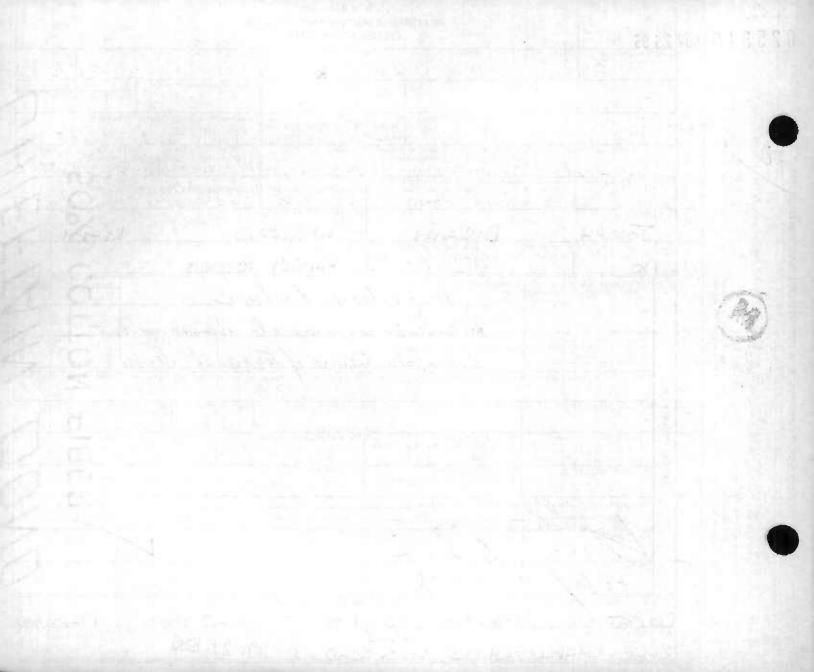
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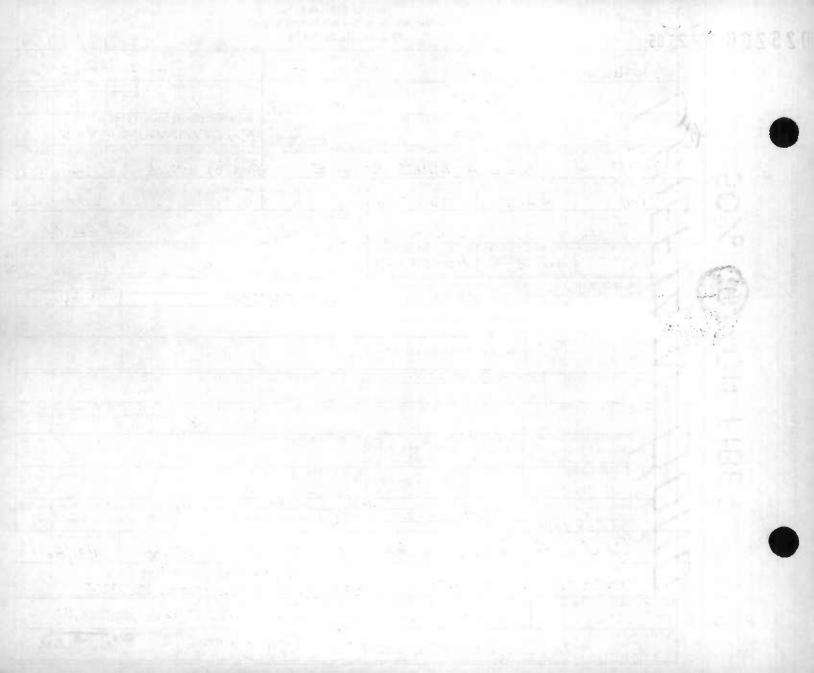
STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ped ple	o,		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		THE TERM	INAL DISEASE OF CONDITION O	SIVEN IN PART LIE
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moy be poge ter deat	3 SE	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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E 20 E	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MAR		TIMORE		70
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d will	1	Thomas	J. Shaus		ARY	WIDDLE	GREE	ニンソ
d corres l		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT		ADDRESS 1	01 Kenil	Lworth P
e e e	,	Yes 1941	1-45 215-	05-575 4MRS. A	lvina E. Sha	ughnessyT	lowson, Mc	121204
All Control of the Control		18 CAUSE OF DEATH (Enter or		b), and (c).)			BETWEEN	IMATE INTERVAL ONSET AND DEATH
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ronsit	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTE		RY OCCURRED (ENTER NAT	URE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
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S mo		22a. I certify that (1) this hosp	tol) ottended the deceosed		19.86 , to	11/21	19 86	that (1) (we) lost
TTEN pitol TOR for u		sow the deceased alive or	11/21 at) view the body ofter death.	19 86 , and that ir (my) (ou	ur) opinion death occurred	I on the date and ha	our and from the	couses stated
OR A DIREC DIREC Dept. f Hem		226. SIGNATURE	1	DEGREE			22c. DATE	SIGNED
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SPIT.		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	Stella Mari			1
TO HOSPITAL retoined by th TO FUNERAL should be deto with the Stote [IMPORTANT: 1		Carla S. Al	Lexander, M.D.	Dulanev	Valley Rd.	-		
Office of State of St	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23r NAME OF CEMETERY OR CRE	MATORY 1234 LOCA	TION		
BP		Burial	11-25-86	Dulaney Valley	Memorial PK	Cocke	eys Ville	, Md . STATE
DHMH - 16 60M 7/84	24. FI	JNERAL DIRECTOR			25a. DATE REC'D. BY RE	GISTRAR 251 REOIS	STRAR'S SIGNATI	Distance
(VRA 15, 4)		John C. Miller	Inc6415 Bell	äir Rd21206	NOV24 19	180	Dundam-A	andall



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the funeral director, page 3

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DEPARTMENT OF HEALTH AND MENTAL HYGII

REGISTRAR		CERTII	FICATE OF DEATH	REO NO.	0/10
CEGEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAT	YEAR 26 HOUR 4
FLORA	BR 00 KS	LEV	ERING	November 6, 198	6 11 pm
3. SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS.
Female	White	Nov	7, 17, 1898	87 YRS. MO	NIHS DATS HOURS MIN.
70. BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUR	NTRY? 8		9 BALTIMORE CITY OR COUNTY O	FDEATH
COUNTRY) Maryland	U.S.A.	WIDOW		Baltimore Co	unty MD.
IS CITY OR TOWN OF DEATH	1.1 NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Towson	St. Joseph			(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE New Jersey	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSIONS	13d INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS / ZIP CODE 550 Bernita Dr	94999
M FATHER'S NAME	W. Broo	-	15 MOTHER'S MAIDEN NAM	WE	Couch
Joseph 160 WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRESS	
	VE WAR OR DATES)	44-6145		ring 7954 SW 86 Te	rr. 33143
	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(o
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
OR CONTRIBUTION C CALLES OF OF		H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this hasp			. 19	, to, 19	
saw the deceased alive an abave, (1) (we) (did) (did no	at view the body after death	_19, o	nd that in (my) (aur) apinian o	death accurred on the date and hour a	nd fram the causes stated
27h SIGNATURE	wledim		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17-8-86
224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		Charles To Tiller
A. Ghiladi			7600 0s	sler Dr. 21204	
230. BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
Burial	11-10-86	New Ca	thedral	Baltimore City	Maryland
24 FUNERAL DIRECTOR		-	250. DAT	E REC'D. BY REGISTRAR 200 REGISTRA	RIS SIGNAMITE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

D. FLINERAL DIRECTOR: After this certificate has been signed by the otten part of the presence of the period of th

LOR ATTENDING PHYSICIAN: The low the hospital or attending physician.

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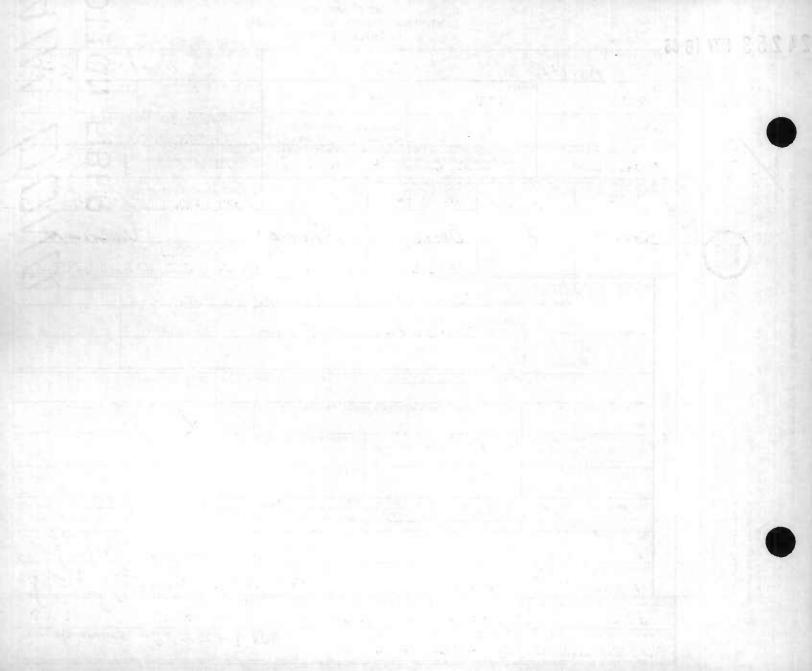
Mitchell-Wiedefeld Home 6500 York Road 21212

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24 alle	13a :			13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	nary Ave.	21022
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		Herbert	MIDDLE	Brune		Lucy	MIDDLE	Fisher	LAST
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OR A DIREC		22b. SIGNATURE	in 2 or	7. D	Ni	DEGREE	MEDICAL STA		ATE SIGNED
HAL By the State of the State o		22d. PHYSICIAN'S NAM	w. 5	wil		PHYSICIAN D	DIRECTOR PHYSIC		/18/86
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TO HOSPITAL of FEBRAL IS should be deto with the Store IMPORTANT: If			liam F. F			2 W. Univ		y., Balto.	, , MD
	23a	BURIAL, CREMATION, RE				METERY OR CREMATORY	23d LOCATION CITY OR TOWN	n Forest,	STATE
BP	24.5	Burial	11/2			homas	Garr 150		
DHMH - 16 60M 7/B4		NAME				CO.		Julia Devides	
(VRA 15, 4)	1	1905 York	Road, B.	alto., Mr)	I NU	IV 24 1986	Sharen Mariate	V. Verrance

1:1 AND THE CONTRACT OF THE PARTY O Familia - 05462 Code, 22, 1,26 - 1004 truc conities and the U nood an wille . Som inery evenue borners and borners a Mar Balto. - Brooklandville > W. Bentinery Ave., 81688 Harbard I. Eruna I.u. c, ette e ri rimv. Sell 143 THE STANK HERN BURKER S. COMME The state of the s 111 Dr. Wittem F. Fritz, no 2 M. Univarsite Ecor., Salts., No. Eurist 11/1/cs at. Thanks Corrigen onest, and the Hameline on Lo. THERE YOUR KORT, BRIDE, NO.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2h. HOUR (TYPE OR PRINT) 05 NNL deot agod 4. RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS OCT". 16,1895 YEAR WHITE 91 FEMALE 70. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POLAND USA WIDOWEDTY DIVORCED | BALTIMORE COUNTY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE INAT HOME BALTIMORE COUNTY GEN. HOSP. RANDALLSTOWN USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE
113b (OUNTY) 1 13CITY OR TOWN APT. T-1 13e.STREET ADDRESS / ZIP CODE MARYLAND 6920 MARSUE DR. BALTO., 21215 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE VAKNINN SHLOMO 17 INFORMANT MR. SAMUEL (IF YES, GIVE WAR OR DATES) ENGLEWOOD, FL 33533 289 BLUE HERON DR. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF last. underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on ________ and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be det with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE BURIAL NOV.12,1986 MARYLAND WORKMEN CIRCLE 250. MATERIEC D. BATRETUSHIAR 256. REGISTRALIS SIGNATURE and are DHMH - 16 60M 7/84 BALTO MD 6010 REISTERSTOWN RD. 21215 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DEFEASED NAME MIDDLE OR PRINT Emmanuela Liberatore Nov. 12 1986 E. 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) July 3 1930 56 Female White THE BUILDING TATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUnties WIDOWED DIVORCED [] Baltimore County Md. 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTROCTOR & CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore 430 S. Taylor Ave. 21221 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 COUNTY 113 CITY OR BEFORE ADMISSION) Secretary 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 2705 Latona Rd Baltimore Md 4 FATHER'S MAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Giovanni Liberatore Olympia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 212-30-3692 John Liberatore (brother) no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ici PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to; DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20h. IF YES. WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on New obove, (I) (we) (did) (did not, view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

FOR

STATE OF MARYLAND

2h HOUR

Camble

D'Andrea

Taylor Ave.

APPROXIMATE INTERVAL

IF UNDER LYEAR

YES |

St. Joseph

23d LOCATION

231 NAME OF CEMETERY OR CREMATORY

COUNTY

1st floor

22c. DATE SIGNED

Md.

12 noon

Burial 11/15/86 Holly Hill Baltimore Schimunek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

Serpick

23b. DATE

DHMH - 16 60M 7/84

Dr.

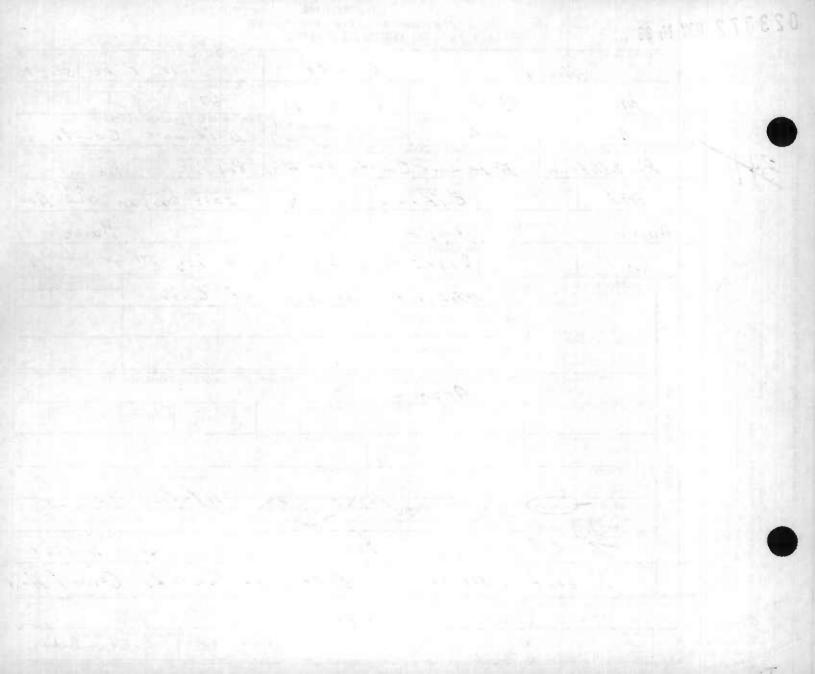
230 BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME LAST FIRST 2b. HOUR (TYPE OR PRINT) DANTEL. 186 11 25 LINDEN poge r 2:07P 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MALE YEAR 70 MAY7, 1916 WHITTE: BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALT IMORE COUNTY OF DEATH
BALT IMORE COUNTY MARRIED NEVER MARRIED USA MARYLAND WIDOWED DIVORCED X CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR GBMC-6701 N. CHARLES ST. PURCHASING AGENT INDIVISIONE CO. TOWSON JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 30 STATE 113b COUNTY 13 7095 APARK ATSODE AVE. APT_B-5 MARYLAND #21215 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE SCHWARTZMAN T. INDEN **JENNIE** LOUIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. DANIEL L. L'INDEN 17 INFORMANT 577-05-3352 552 MAYNADIER LA. CROWNSVILE, MD 21032 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AMY OCARDIATOF INFARCT ION Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIS YES [NO [Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 11/1886 11/2500 220.1 certify that (I) (this hospital) ottended the deceased fram_ 85 saw the deceased alive an. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after deoth 22b. SIGNATUR DEGREE 22c DATE SIGNED 11/25/86 ATTENDING MEDICAL STAFF should be detected with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME L.KAUFFMAN.M.D GBMC-6701 N. CHARLES ST. NOVE 28, 1986 23. NAWESTVIEW MEMMATPARK 23d LOCATION BALTIMORE COUNTY MARYLAND SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO., MD 21215 DEC 2 1986 (VRA 15, 4) Trader Porter

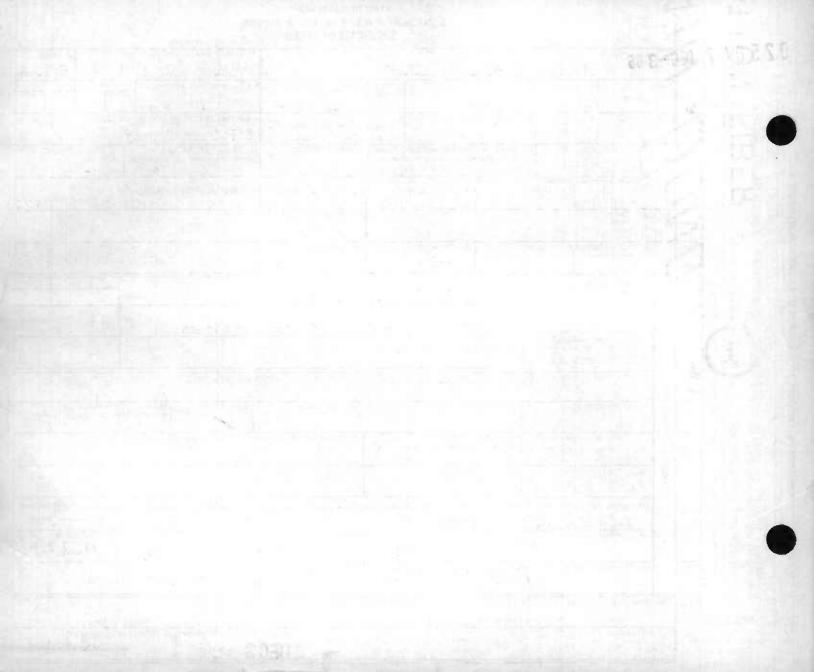
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STATE OF MARYLAND

	1			STATE OF MARYLAND	ALC	
872 NOV	W.	FOR BIRTE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
- 1101	100	TEGISTRAR		CERTIFICATE OF DEATH	REG. NO	D. *** *** * * * * * * * * * * * * * * *
2.2	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH WAY WEAR JOB. HOUR
		Honi	y B.	Lippitt	1	11 8 PG 5:15 PM
	1. SE	X.	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	1 0	M	DILEK	8 8 17	A DALIFILIANT CITY O	YRS
29		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	- 1/	COUNTY OF DEATH
33	io c	Rondolls found	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION (TADDRESS)	120. USUAL OCCUPATION OF THE OF WORK FOR MOSTO	F WORKING LIFE) INDUSTRY
7	USU	AL RESIDENCE (IF NURSING THE OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	1	Retailer 2/207
CIC	130.	STATE MA	- D	WN 13d, INSIDE CITY LIMITS? YES NO 1		Grynn Oak Ava
20	A	ATHER'S NAME	MIDDLE LIST	H JESSIE	AME	Haine
Selection		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GI	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 257-2	URITY NO. 17 INFORMANT 28-6027 Glen L	ipp:H 816	ss 8th St Caurel Hd
prior to burial, crematicany rejury, or other tra	ICATION	Conditions, if any, which gove rise to immediate couse IoI, stating the underlying cause last PART 2 OTHER SIGNIFICANT (Anen	DEATH BUT NOT RELATED TO THE TER	minal disease or coni 200 autópsy?	DITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERT IFYING CAUSES OF DEATH?
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2			attended the deceased from	10/28 19 8	6 10 11/P	19 thorne (we) lost
21 %		saw the de all all all above (I) Av (did) (did ac	11/19 at) view the bady after death.	, and that in (my (aur) opiniar	death accurred an the do	ate and haur and fram the causes stated
II Hom		226. SIGNATURE	& AM	DEGREE M D ATTENDING PHYSICIAN	MEDICAL STAR	224 DATE SIGNED
PORTANT		22d. PHYSICIAN'S NAME (TYPE OF LA BER	FRINTI L. Moss	22e ADDRESS fin		- Ly Gener-/ Ho.
337		BURIAL, CREMATION, REMOVAL	11 /10 /0-	NAME OF CEMETERY OR CREMATORY		COUNTY STATE
_		buriai	11/13/86 Ga	rrison Forest Vet	Owings Mill	I M
60M 7/84		UNERAL DIRECTOR	Mant 1200 III ADDRESS	25a DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
15, 4)	L	March Funeral Home	West 4300 Wabash A	venue	0177 1000	the state of the s



STATE OF MARYLAND



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	4	REGISTRAR			CERTIFICA	ATE OF D	EATH	8	REG. NO.	3 0	- /	1 3
		PECEASED NAME FIRS			LAST			2a. DATE OF D				HOUR
nay be page 3		· · · · · · · · · · · · · · · · · · ·	Catherine '	V. Long				Nove	mber 2	4, 1986	,	М
ge 4 may ectar, pa	3. S	F F	4. RACE		5. DATE OF BI	ктн L 21,	1905	6 AGE (IN YEAR		IF UNDER	DAYS HOL	URS MIN.
Thought Po	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WE	HAT COUNTRY?	MARRIED WIDOWED X	_	ARRIED T	Balti Balti	city <u>or</u> co		ATH	MD
100	10.	Baltimore	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET A	G HOME OR O	THER INSTI		120 USUAL OC (TYPE OF WORK FO Sale	CUPATION OR MOST OF WOR	KING LIFE) 12b. K	ISTRY _	siness or Store
No. of the state o	130			ve residence before Baltimor	1 13d	I. INSIDE CIT	TY LIMITS?	13e STREET AD 6825	DRESS / ZIP D BI	CODE enheim	Road	21212
T TOWN	14.	FATHER'S NAME	118118-118		15		MAIDEN NA					
A STORY)	Charles	s Hinkel	LAST		F	Sara	h E. Su	nderla	nd	LAST	
# 1	160	WAS DECEASED EVER IN U.		SOCIAL SECUR	RITY NO. 17.	INFORMAN	NT	. 1110	ADDRESS			
OM CONTRACTOR		(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	216 05 1	.884 N	Mrs. C	Carla R	enner	1300	Crownfi	leld	21239
THE STATE OF THE S		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.	AUSED BY:	1 " a. d.			Dos On	. 0		BE	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
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a se de		gave rise to immediate cause (a), stating the	le)		A Cl	Trech	-					
W. by the by the cathe		underlying cause las		SA CONSEQUE	veral (Carel	nomal	ases				
S, 201	z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CON	ITRIBUTING TO D	EATH BUT NO	T RELATED	TO THE TERM	INAL DISEASE C	OR CONDITIO	N GIVEN IN P	ART Ita	-
RECORDS law requi so been sig	CERTIFICATION	19a DATE OF OPERATION	19b CONDITIO	ON FOR WHICH	OPERATION W	VAS PERFOR	RMED	200 AUTOPS		IF YES, WERE		
	1	1984	Bou	rel car	cor			YES -	IN	CERTIFYING C		DEATH?
DIVISION OF VITAL NG PHYSICIAN: The attending physicion first this certificate has sine buriol-transit phond Mental Hygier orked or item [8 shoot or item [8 s	7 8	21a. ACCIDENT WAS UNDERLYIN		NJURY MONTH DA	V VEAD 21	It. HOW INJ	JURY OCCUR	RED (ENTERNATUR	E OF INJURY IN IT	EM 18 PART I OR P	ART 2)	
SION OF VI PHYSICIAN: ending physicial this certifica this derifical this derifical hy do not them 18	7 8	OR CONTRIBUTING CAUSE	OF DEATH	MONTH DA	19							
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the hor the hor the hor the hor the hor thanker to Deprin the hor the		22% SIGNATURE	150 ma	1	MA DEG	A	TTENDING	MEDICAL	STAFF	110	DATE SIGN	Pel
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M With 10	730	BURIAL, CREMATION, REMO	DVAL 23b. DATE	123, N	IAME OF CEME	ETERY OR C	REMATORY	123d LOCATI	ON			
BP	130	Burial	11/28/		reland					, Md.	Y	STATE
	24	FUNERAL DIRECTOR					25a. DAT	E REC'D. BY REC	ISTRAR 25b. R			
DHMH - 16 60M 7/84 (VRA 15, 4)		MITCHELL-WIED	EFELD HOME,	INC.	6500 Y	ork Ro	a. DEC	2 19	30 1	lia Scord	on Per	dass

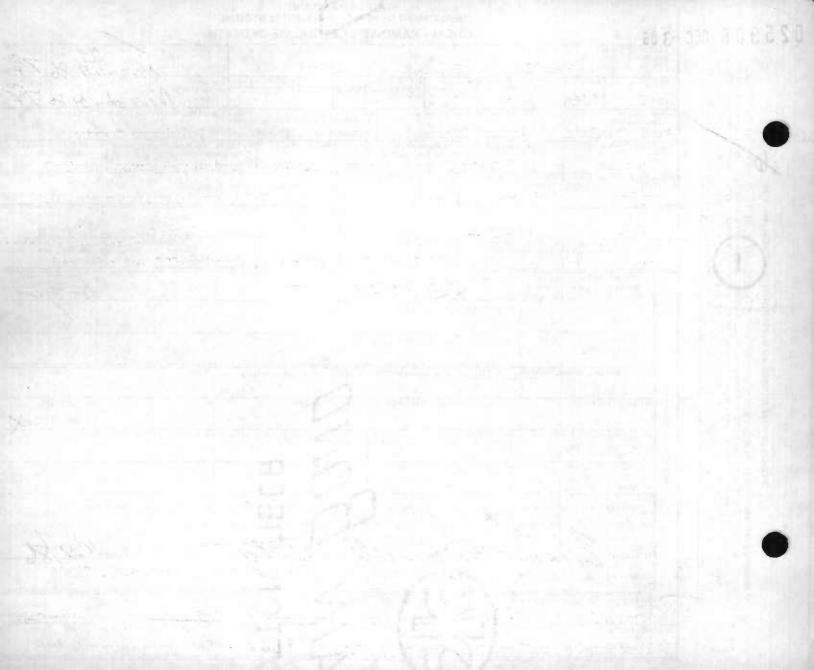
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024474 NO	11	9.85						
	10	REGISTRAR CEASED NAME FIRST	MEI	MIDDLE	NER'S	CERTIFICATE C	REG.	NO.7 A
		PE OR PRINT)				LAST	OF ESTI-	MONTH DAY YEAR 26. HOUR
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RY, PU DIRECT OUR F ON STR		Male White	MONTH DAY	YEART LAST BRIT			R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	11-14 19 86 12:06 a. M
ESSARY, PLEASE LICENTOR DIRECTOR. WITHIN 72 HOURS W PRESTON STREET,	7a. B	DREIGHCOUNTRY) and	76 CITIZEN OF WH			IED NEVER MARR	RIED L	re County, MD.
DELA TOTHE N PAGE MERIED, WES JOI W	10 C	ROSSVIlle		PITAL, NURSING HO. CILITY, GIVE STREET ADDRES				TYPE OF WORK 12b. KIND OF BUSINESS OF INDUSTRY
- 12 FEEE C	USU 13a. S	AL RESIDENCE (IF IN NURSING HOME			55ION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS AV	enue 21221
7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	\vdash	ATHER'S NAME	Coonorae	Lasac		15. MOTHER'S MAID		- Care Libra
PER		John	WIDDLE	Lorek		Anna	WIDDLE	Bernhardt
AFTER SIVE PA SION VSION	160	WAS DECEASED EVER IN U.S. AR YES, NO. (# YES, GIVE	MED FORCES? WAR OR DATES)	218-07-	3125	Lillian (Green 1001 S.B	aylis St. 21224
MATE. B		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE			tic H	vpertensiv	e Cardiovascul	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
WHY WAS		Canditians, if any, which	DUE TO, OR	AS A CONSEQUENC			Disease	
N N N N N N N N N N N N N N N N N N N		gave rise to immediate cause (a) stating the under lying cause last.	(b)	AS A CONSEQUENC	E OF			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NO VERA			(c)					
CRRIFICATE SHOULD BE EXERING THE WORD PENDING SPEED TO THE CHIEF WEBLOAD STANDING SHOULD BE USED AS A BUT EDERATMENT OF HEALTH AND PROPERTY.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TO	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a).	
S CRTIFICATE SHOULD BE RECK THING THE WORD "PEND TO THE CHIEF MED. E 3 SHOULD BE USED AS. E DEPARTMENT OF HEAL! OF PROR TO BURL, CRE.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OP	ERATION V	VAS PERFORMED?		20 AUTOPSY? YES X NO
CATE SI THE COLD BE WANT TO BU		210 EXTERNAL CAUSE WAS	216. TIME OF HOUR A.M	INJURY L. MONTH DAY YE		OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
SA SECTION	MEDICAL	CONTRIBUTING CAUSE OF		DE INJURY (AT HOME.	211.10	CATION		
DIVIS THIS CER. WRITIN WARDED PAGE 3 S TATE DEP	ME	WHILE NOT WHILE AT WORK		TORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
TOR: AND,		22s. I certily that I taak char death resulted fram: Natu	ge of the remains des		Autor Suicide	Inspection	un , Inquiry ,	and in my apinian
XAM KERTIF CID BE WITH ARYTH			rai causay IAA	Accident LJ,	Suicide L_	TITLE (SPECIFY)	Undetermined manner	J,
CALE STHEO SHOU ERAL ERAL ORE, M		ACTUAL SIGNATURE	100	1	^ A	Assistan	MEDICAL EXAMINER	DATE SIGNED 11-15-86
TO MEDICAL EXAM EXECUTE THE CERTIFE PAGE 4 SHOULD BE TO FUNERAL DIREC AFTERPEATH, WITH BALTWORE, MARYL				u f fman, M.		ADDRESS	enn St., Balto	o., Md. 21201
07/84 BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE 11-18-86	5 Pak L	awn C	emetery	Eastwood. Ba	1+0 County, Md. STATE
25M DHMH - 17 (VR A15 ME (5))		harles S.Zeilen	. & Son Inc				REC'D. BY REGISTRAR 256 RE	a Dividion Randale

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		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		OF ESTI-	MONTH	24 YEAR	7b. HOUR
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를 드 프로	3. SEX	4	RACE	5. DATE OF BIRTH	6. AGE (IN				RONOUNCED	HINOM	DAY YEAR	2d. HOUR
N 22 PIR	Fer	nale W	hite	March 8,	7004 00	YRS.	DATS HOUR	KS MIN	DEAD	vendo	19986	7. PM
ESARY, PEASE FEAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET,	7a BI	RTHPLACE (STAT	E OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	ED NEVER M	AARRIED []	BALTIMORE CITY	OR COUNTY	OF DEATH	
W.Z.C.S.F.L.		th Caro	lina	United S	States	WIDOW		ORCED	Baltimo	re Cou	ntv	MD.
大学を見が入	10. C1	TY OR TOWN OF	DEATH		PITAL, NURSING HOA		ER INSTITUTION		AL OCCUPATION (TY	PE OF WORK 12	OR INDUSTR	SINESS
O METERS OF THE STATE OF THE ST		Towson		36 Burke			, Maryla		istered N	urse H		
ANY DEL AND 3 TO RETAIN PEDGID BI PEDGID BI	USU A		IN NURSING HOME OR		134, CITY OR TOWN		13d. INSIDE CITY LIMI		ET ADDRESS			51
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S THE ST	14. F	THER'S NAME		110015			15 MOTHER'S M		MIDDLE		LAST	
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2 8 8 8 T	16a V		EVER IN U.S. ARM	AED FORCES?	166 SOCIAL SECUR		17. INFORMANT		ADDRES		more, Md	2121
1 2 2 300		NO.	(IF YES, GIVE W	VAR OR DATES)	214-26-45	586	Kathryn	B. det	ries 625			• 4444
No. 5 de		18 CAUSE OF I	DEATH (Enter only	y one couse per line	far (a), (b), and (c).)	2.3.0	1 100 010 110		1100 020		APPROXIMATE	INTERVAL
9 ¥#⊙#≌≷		PART I DEAT	TH WAS CAUSED	BY: E CAUSE (a)	USOV	2					BETWEEN ONSET	AND DEATH
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DIVISION OF VIT. R. THIS CERTIFICATE SHC (IE, WRITING THE WORL RWARDED TO THE CH RWARDED TO THE CH R. PAGE 3 SHOULD BE U E STATE DEPARMENT O D, 21201 PRIOR TO BUR	MEDICAL	214 INITIRY OC	CURPED	21e PLACE C	FINJURY (ATHOME,		CATION			TS/LUC-		
PIN COLOR	2	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		TREET		CITY OR TOWN	COUN	TA	STATE
RE, VH								X 1				-
EXAMINER: CERTIFICATI DE FOR WITH THE WARYLAND		1	9	2	cribed obave, held an	Autop		ection 🖸		and in my opin	ion	
EXAMI CERTIFICATION BE DIRECTOR WITH WARYLL	18	, death resulted	fram: Naturo	al couses 🔼	Accident	ouicide	, Hornicide L	! Undete	rmined manner		3.7	,
W. W. WA	-	ACTUAL /	hh.	1.150	2-	101	160	1		DATE	11/0/	7
ZER SER		SIGNATURE	me	Carl Con	Vone		D	- 0	CAL EXAMINER	SIGNED.	19/8	6
MEDI SE 4 5 FUND FUND FUND	1	EXAMINER'S NA	AME Charl	es F. O'D	onnell, M.	E.	750	11 York	Road Tows	on, Md.	21204	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a. B		ON, REMOVAL 23	Bb DATE	23c. NAME OF C	EMETERY C	ADDRESSR CREMATORY	173d LO	CATION			
	(5	PECIFY)	.	Dec. 1, 19	100			CITY C	altimore	COUNTY		ATE
BP	24 FI	Cremat UNERAL DIRECTO		20, 2, 23	Green N	count.	Cremator 25e. D		REGISTRAR 256 REC	SISTRAR'S SK	Mary GNATURE	land
DHMH - 17 (VR A15 ME (5))	TA7=	1ter Br	mke Bra	ADDRESS	. Dundalk,	MA O	1222 1	EC 2	1986 Julia	Divider.	n. Pandae	4
2014 4/92	445	CALCUL DI	was bra	MICA TIN	. Dulldalk	MICI. Z	1777		- KU			



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	0 0	0 6	11/01	-	-05 ATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	30	7.		
	1				DECEASED NAME FIRST		MIDDLE	Ł	AST		20 DATE OF DEATH MO	NTH & DAY	P YEAR,	2b. HOU	R (
	pe	page 3		1	TYPE OR PRINT) Henry	C. LUERS	CENI				Naviamb au 14	1000		6.186	
	hay	pod		3	SEX TIGHT Y	4. RACE	SEN	5. DATE C	F BIRTH	- 1	November 14	1986	NDER I YEAR	10:5	
	ge 4 n	rector, ars oft			Male	Whit	е	MONJH			87	YRS.	THS DAYS	HOURS	MIN.
	P.	P 2	8	170	. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	NEVER MARRIED	, n	BALTIMORE CITY OR	OUNTY OF	DEATH		
	dept	funero	2	7	Maryland CITY OR TOWN OF DEATH		SA NOSDITAL NILIBEIN	WIDOWE			Baltimore Co	ounty.			MD.
10	urs ofter	by the	1	1	Rossville	(IF NOT IN SUI Frank	chfacility, give street / Lin Squar	e Hos			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Self-Empl	ORKING HEEL	IZE KIND O INDUSTRY Mech	anic	SSOR
BALTIMORE, MARYLAND 21	24 hou	filled in	di di	1	SUAL RESIDENCE (IF NURSING HOME to STATE 136, CO Maryland Ca		13c. CITY OR TOW		13d INSIDE CITY LIMIT		13e.STREET ADDRESS / ZI 282 Winter		Lane	West.	7
X	it	2 sb	127	19	FATHER'S NAME				15. MOTHER'S MAIDEN	NAM	E				r,Md.
MAR	3 00	and	180	11	Henry	MIDDLE	Luerssen		Marie	е	MIDDLE	1	ieber		T grace
M.	ecut	d co	100	4 10	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	Westmi	nster	.Md.	21157
WO	9	Pag	E	Sal Car	NO NO OR ORNOWN) (IF YES.	GIVE WAR OR DATES)	218-18-	0191	Edwina W.	Gri	iffin 282 Win				
ALT	te b	Con	£	F	IA CAUSE OF DEATH (Enter	anly one cause ne	r line for (a) (b) and	LICIL MP						MATE INTER	VAL
7	00	y o	ent,	1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY.	o popioso	nhage	al lumble as	aryn	igeal carcini	Jilla	BEIWEEN	ONSET AND	DEATH
S	- 83	00	S O	н	IMMED	IATE CAUSE (a). L	n her ieso	huade	al lymph no	ones	WITH				
0	£	8	a o E			DUE TO, C	R AS A CONSEQUE				eft lower lob	e e			
SES	8	P 5	Jo D		Conditions, if any, which gave rise to immediate	(lp)		a	<u>nd anterior</u>	r pe	ericardium				
9	4	7	other tro		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				AL W			
-	hot	d by	o to		underlying couse last.	2 (0)	evere ate	lecta	sis with nu	ulmo	nary congest	tion			
, 20	res	9 0			PART 2. OTHER SIGNIFICAN						NAL DISEASE OR CONDIT		IN PART 110	0	
SDS	5	- Si	<u>-</u>		,										
0	3	bee.	oun'		19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED		20a AUTOPSY? 26	Db. IF YES, W	ERE FINDIN	VGS USED	,
OK.	0 0	per	W.S.								YES IX NOT	CERTIFYIN YES X			H?
TA	Th.	nsit	shows	- 1	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	_	214 HOW IN IURY OC	CLIPPE	D (ENTER NATURE OF INJURY IN			NO [
>	AN	rificot I-tran		_	OR COURTS OUT OF CAUSE OF		M. MONTH DA	Y YEAR	11, 11017 11, 3011 00	CCORRE	TENTER NATURE OF INJURY IN	HEM ID PART	CORPARI 2)		
Z	SIC	Sceri	or Hem		(IF EITHER NOTIFY MEDICAL EXAMI		.M.	19							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	PHY	this le b	o p		(IF EITHER NOTIFY MEDICAL EXAMILE) 21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	51	ATE
≥	9 5	fter os th	rke		AT WORK NOT WHILE AT WORK			M.		~ ~					
_	200	A Se	E		22a.1 certify that M (this ha			Novem	ber 5 ₁₉ 8	30	_, to November	14, 19	86	that M (w	e) last
	TE	0 5	21 :		saw the deceased alive abave, (I) (we) (did) (did)	Novemb	er 14 19_	86_, an	d that in (m) (our) opin	inion de	eath occurred on the date	and have an	d from the	causes sta	ted
	A Al	SEC.	E		22b. SIGNATURE	høt) view the bady	after death.		DEGREE				22c DATE		
T	he h	L DII	7 =		110-	1	9 -	n	ATTENDIN	NG .	. MEDICAL STAFF	. 1	11%	15/0	
	ITAI	RAL	ž-	4	John	2000		111		AN [DIRECTOR PHYSICIAN	X	11/1	4186	2
	Sp	d be	RTA		22d. PHYSICIAN'S NAME (T	E DR PRINT)			22e ADDRESS						
	O Ho	TO FUNERAL	MPORTANT:		Gregory Ross	. M.D.			9000 Frank	klin	Square Driv	re. 21	237		
	Te	T s	3 3	23	BURIAL, CREMATION, REMOV.		23c. N	IAME OF C	METERY OR CREMATO	ORY	23d LOCATION				
	BF	0			(SPECIFY)	11-18	-86 Im	manue	1 Luth.Cem.		CITY OR BATTI	nore, co	Maryl	and st	ATE
	DI			24	Burial FUNERAL DIRECTOR										
		H - 16 60		I.	NAME	111	ADDRESS	1018	Tel HIFE IS	, NIC	REC'D. BY REGISTEAR 256.	Auto	Sander	D. F	-
	((VRA 15,	4)		-255khn Funer	al Won	ne E	01-19	. Md. 21230	6 11	JV 21	June !	الروام ومردون	Karry	Care of

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

shauld be deto

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

11-28-86

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

Henri Voorstad

Pikesville Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

7600 Osler Dr. 21204

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Druid Ridge

Julia Signidary Pa

22c DATE SIGNED

11-26-86

COUNTY

STATE

F UNDER 24 HRS

126 KIND OF BUSINESS OR

VanTrump

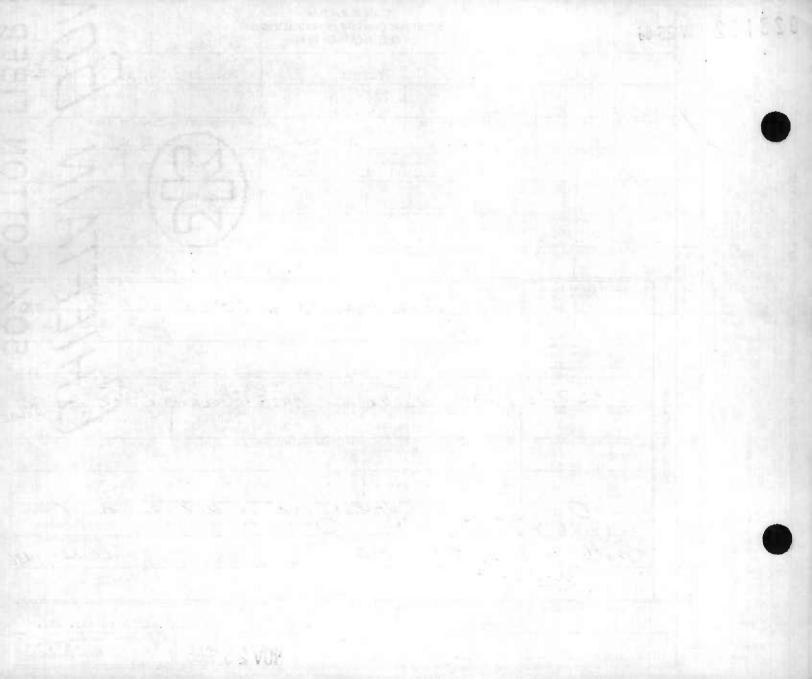
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State of Maryla

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Trielle de la company de la co

(VRA 15, 4)



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	ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. THIN 72 HOURS PLEYON STREET,		CEASED NAMI E OR PRINT)	RUTH	Mar			MAC	K			OF DEATH	ESTI-	MONTH	27 198	26. HOUR
	STEE STEE	3 SEX		4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 2		DATE	CED.	MONTH	DAY YE	AR 2d. HOUR
	DIRE DOUR DN S	f	emale	Black		913	1 77	RS.	DAYS	HOURS	MIN PR	DEAD	LED	11	27 198	6 350 AM
	Y ALL XAL	FC	RTHPLACE (S		76 CITIZEN OF WH	AT COUN	VTRY?	8 MARRI	ED NEV	ER MARRIEI	D X 9	BALTIMO	ORE CITY	OR COUN	TY OF DEATH	
T		Ma	aryland		USA.			WIDOW		DIVORCE	-	1	ALT	€. (0001	'/ MD
b	35		andalls		11. NAME OF HOSE Baltimor	ITAL, NU	IRSING HOM STREET ADDRESS UNTY G	e, or oth	ER INSTITUT				Work		12b KIND OF OR INDU	SUSINESS STRY
21201	ANY DE AND 3 TO SOULD B	IIJu S	RESIDENCE TATE ryland	(IF IN NURSING HOME 136 COUN Bal	or other institution, giv timore	RESIDENCE	e BEFORE ADMISS Y OR TOWN Sterst	own	13d. INSIDE (I	TY LIMITS?	77 TREE	Bond	S Ave	•	21136	
, dM		14 F/	THER'S NAME		₩IDDI F		LIACTO		15. MOTHE	R'S MAIDEN	NAME	AAIC	DLE		LAST	
W.	至	Y)	Wesley		G. IDDLE	M	lack		Ma	1101			cance		Evan	
BALTIMORE		16a. \	VAS DECEASE	D EVER IN U.S. AR	MED FORCES?	11.00	CIAL SECURIT		17. INFORM			-1			nd Ave	
ALT	ANT AND		No	(# 120, 0112	· · · · · · · · · · · · · · · · · · ·	215	-32-11	39	Mrss	Margu	erit	e Mac	ck I	Reist	erstow	n, Md.
DS. 201 W. PRESTO	GCUED WITHIN 24 AL EXAMINER ALC AL EXAMINER ALC AND MENTAL HYGI ATION, OR REMOV		gove ri couse (o lying cou	ns, if ony, which se to immediate stating the <u>under-</u> use last.	(b)	AS A CON	NSEQUENCE	OF	DR CONDITION	CIVEN IN PART	La					
COR	ULD BE DOWN	NO					ATTO TO THE TERM	MINAL BIJERJE	OR CONDITION	OUTER IN FAM	1 (0)					
AL RI	OF HE A	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ON FOR	WHICH OPE	RATION W	AS PERFOR/	MED?		3.0			20. AUTOP	SY?
15	\$8530E	1 1	al- EVIEDNI	AL CAUSE WAS	21b. TIME OF	10.111.151.1		Tax							YES [ON [
DIVISION OF WITAL RECORDS	CERTIFICATE SHOULD STITLING THE CHIEF CHIEF CHIEF CHIEF STANDOULD BE USED DEPARTMENT OF THE CHIEF CHIE	CALCE	UNDERLYING		HOUR A.M.		DAY YEA	R	OW INJURY	OCCURRED	(ENTER NAT	TURE OF INJU	RY IN ITEM 18	PART I OR PA	ART 2)	
DIVISI	JER: THIS CERT TATE, WRITING FORWARDED 1 OR: PAGE 3 SH HE STATE DEPA	MEDICAL	21d INJURY CO WHILE AT WORK	NOT WHILE [21e PLACE O STREET, FACTO	F INJURY DRY, FARM, E	(AT HOME,		CATION TREET			EITY OR TOW	N	co	YINUC	STATE
•	ETHE CERTIFICATE, SHOULD BE FORM THE STRAIN WITH THE STREET, WITH THE STREET, WARPLAND, 2		22a I certi death result ACTUAL SIGNATURE		ge of the remains desc prol couses	ribed obo		Autop:	Homic.		Undetern	Inquiry I	nner .	nd in my o	11/2-	186
	TO MEDIC EXECUTE TO FUNE BAFFINDE	20.5	EXAMINER'S (TYPE OR PRI	VT)	P. Will	14	mson		ADDRESS_	5550	OBA.	L71.	moR,	EN	AT'Z	Pi(21278
07/84		(Buri	ial	A	986 5	ot. Lul	ces Ce	em.			ters			timore,	Md.
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deed a Block in . mm. Jeost a Leebly Maryland Baltiform Relationstone us 99 Bond Ave. 2005 A TELEVISION AND MADE WORK - Main TELEVISION OF THE PROPERTY O 물레이번 투자보았다면요.. (),시계 전 16 - 크리는 네무슨 스트

Reinternations Beltimore Mr. Burdal Doc. 1, 1986 St. Lukes Cer. Miles Miles Miles Md. Press

Swa Line of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

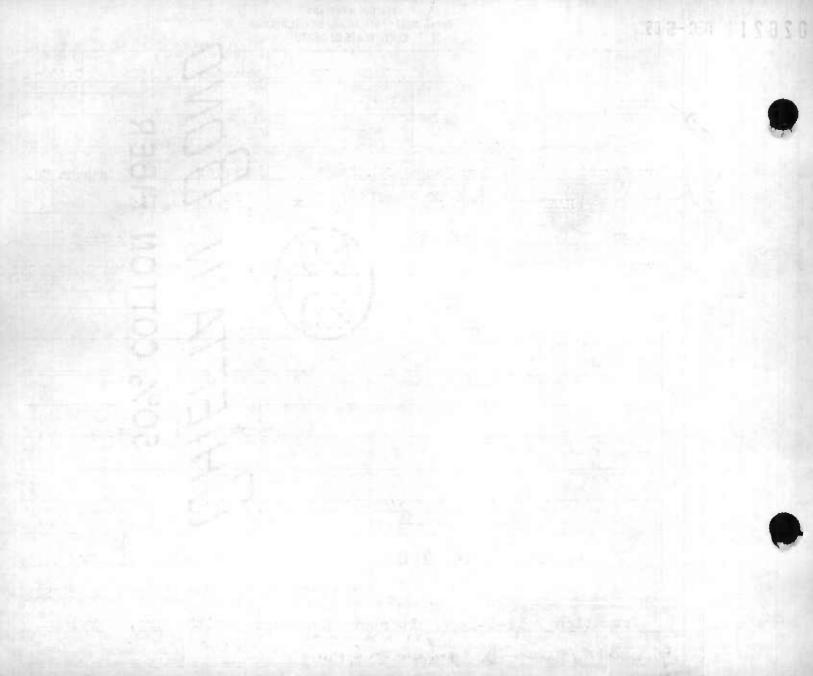
November 28, 1986 5:40 DM 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Manager Telephone Co. 13e STREET ADDRESS / ZIP CODE 314 Lakeside Drive MIDDLE McClaugh CLIN. RCDS. VAMC, FORT HOWARD, MARYLAND 21052 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS LISED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES KX NO T CITY OF TOWN STATE 11/28 22c DATE SIGNED MEDICAL 11/30/86

CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) HOWARD MACKENZIE 4 RACE 5. DATE OF BIRTH 3. SEX YEAR 12/18/21 MALE WHITE BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Fort Howard VAMC, Fort Howard, Md. 21052 SUAL RESIDENCE HE NURSING HE ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONIL 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND HARFORD BEL AIR NO K 4 FATHER'S NAME S MOTHER'S MAIDEN NAME FIRST Howard Mackenzie Frances In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWNS I LIF YES, GIVE WAR OR DATEST WW IT 218 09 0104 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPSIS AND BRONCHOPNEUMONIA DUE TO, OR AS A CONSEQUENCE OF ACUTE AND CHRONIC OSTEOMYELITIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) The PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 9/19 19 86 220.1 certify that (1) (this hospital) attended the deceased from_ 11/28 86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on... obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATUR DEGREE FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ould be dight the Sto 224 PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS VA MEDICAL CENTER, FORT HOWARD, MD 230 BURIAL CREMATION, REMOVAL Cremation Smithsburg Crematory 24 FUNERAL DIRECTOR 305 N. ROTOMAS ST 250. DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATURE

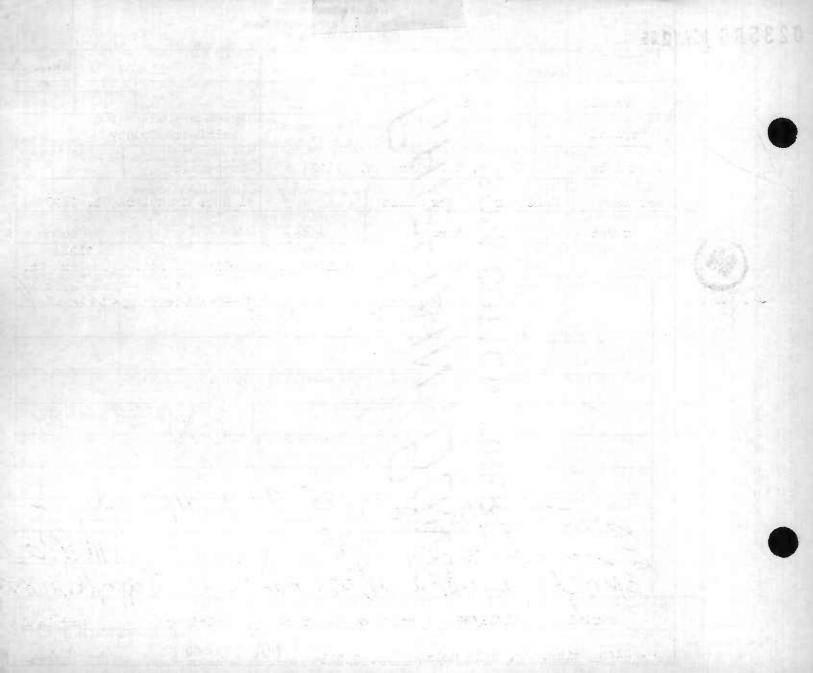
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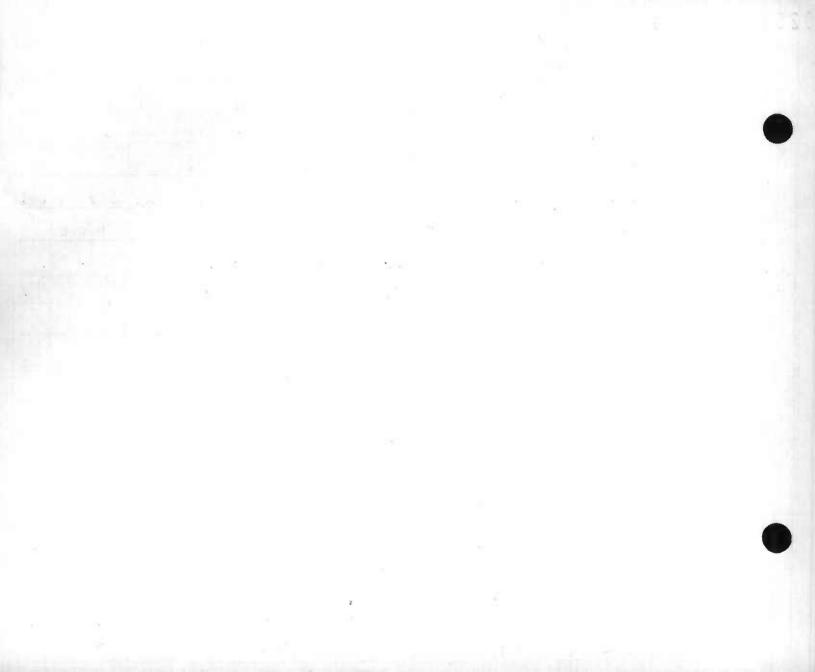
LAGERSTOWN MD

Smithsburg.



02	35	66 NOV-	立	FOR STATE DEGISTRAR			DEPAR	RTMENT OF H	EALTH AND ME	NTAL HYG	^^ 1	S. NO. 3	0	/	2 0
	d)	m -		CEASED NAME	FIRST		MIDDLE		AST	100	20. DATE OF DEAT		-		26 HOUR A
	y be	poge 3			illia		Ε.	MacLe				11		86	3:00 M
	ge 4 m	ector. p	3. SE	Female		4 RACE Wh	ite	5. DATE O		11	6. AGE (IN YEARS LAS	ST BIRTHDAY) YRS	MONTHS	DAYS	HOURS MIN.
-	1	135		RTHPLACE (STATEORF COUNTRY) Maryland	OREIGN		WHAT COUNTR	Y? 8. MARRIEI WIDOWE	NEVER MAI	RRIED -	9 BALTIMORE CIT Baltim	ore Cou		ATH	MD.
10	50	100		ity or town of DEA arkville	TH	11. NAME OF (IF NOT IN SU #1 Apt	HOSPITAL, NURS	SING HOME C EET ADDRESS) Lark Ct	ROTHER INSTITU		12a USUAL OCCUI (TYPE OF WORK FOR MI HOUSEWI	OST OF WORKING		KIND OF JSTRY	BUSINESS OR
ND 212	24 he	ould be	13a.	AL RESIDENCE (IF NURS STATE aryland	136 COUN		GIVE RESIDENCE BEF	NWO	13d. INSIDE CITY YES X N	LIMITS?	130.STREET ADDRE			t. 2	21234
MARYLA	od within	See		ATHER'S NAME FIRST Ernest		MIDDLE	Peterson	F - 72	15 MOTHER'S M	AAIDEN NAA	-			LAST	
BALTIMORE, MARYLAND	e execute	(6)		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SE		17. INFORMANT		acLellan	#1 Apt	. C S	21:	234
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST TYPE OR PRINTI MARY C. MARLING November 1. 1986 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE March 1,1895 Whi te Female BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore County, Wisconsin WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CITY OF TOWN OF DEATH 12n USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tutherville College Manor Nursing Home Housewife, USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 21 Murray Hill Circle Maryland 21212 NO X YES [] IS MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Cassie MIDDLE Chalfant Huxley Scott ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-44-5670 Mrs. Mary L. Bowman Same as #13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE AS A COMSEQUENCE OF Conditions, if onv. which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. pleo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES [buriol-transit Mental Hygie sho 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from NOV. 1St sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (westerdid) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL Should be deto PHYSICIAN PIDIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT 22ª ADDRESS 1205 York Rd. Kevin Quinn. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 11-8-86 Oak Hill Cemetery Neenah, Wisconsin 24. FUNERAL DIRECTOR 250 DATE RECO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Baltimore, Maryland Leonard J. Ruck, Inc. (VRA 15, 4)

STATE OF MARYLAND

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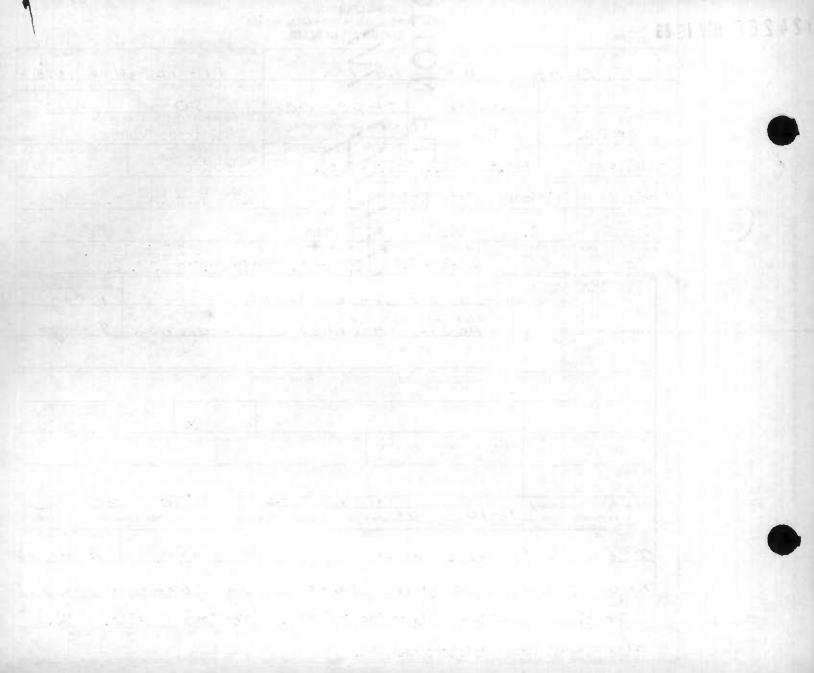
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STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR WARD J. WEBE	R FU	NERAL I	HOME '531	l EDMO	NDSON AVE. D	CO 1 1986	156 REGISTR	Corder -	Rendale



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(VRA 15, 4)		Eline Funera	1 Home R		town. N	1d. NO	V 1 4 1986		-



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Tiberty Road Randallstown, Maryland 21133

11-07-86

23g BURIAL CREMATION, REMOVAL

Birlal

250 DATE REGID. BY 1988 RAR 256. REGISTRAR'S SIGNA PRE-

Wood Tawn

7h HOUR

12b. KIND OF BUSINESS OR

Olin Mathieson

LAST

COUNTY

22c. DATE SIGNED

Baltimore Maryland

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Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER LYEAR

IF UNDER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH I. DECEASED NAME 2b. HOUR TYPE OR PRINT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR a. BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [TYPE OF WORK FOR MOST OF WORKING LIFE] STIAC Md. State Income Tax Div. SUAL NO STATE Md. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. Baltimore 13d INSIDE CITY LIMITS? 2025 Moore Avenue 21234 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Roycroft Margaret Deinlein 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN) Mr. Bernard J. Maygers Jr. 1818 Putty Hill APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HTMOM OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED THE PLACE OF INILIRY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE I 22a.1 certify that (1) (this hospital) attended the deceased from. , and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY ?3a. BURIAL, CREMATION, REMOVAL 23d. LOCATION Burial Nov. 20, 1986 Most Holy Redeemer Baltimore Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4) Time 2

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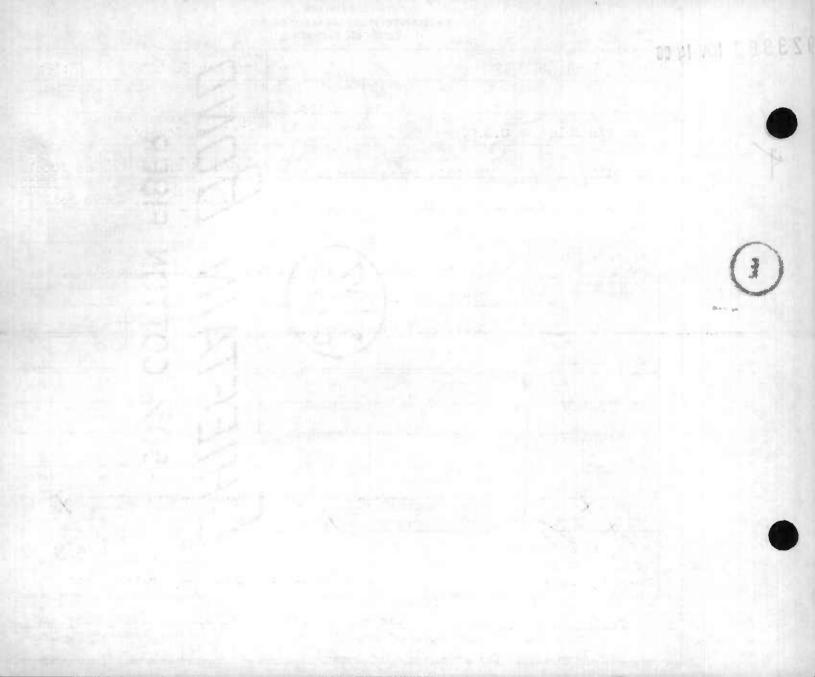
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR PEG. NO. I. DECEASED NAME 2h HOUR (TYPE OR PRINT) 8:30 PM JOSEPHINE 1986 MAYS 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR FEMALE WHITE 1890 10-BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWEDK DIVORCED | Balto. COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON Housewife JOSEPH HOSPITAL Dwn Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21111 130. STATE 13b COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? MD BALTO MONKTON 16738 YORK RD NOT MONKTON MD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Dr. Alexander Rogers Mitchell Edith Conway 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21111 LYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 220-46-9723 Edith S. Willard, 16738 York Rd., Monkton, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction 30 minutes Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ASCVD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION No DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED No. AUTOPSY? 28h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY NO IT 23a ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER HATURE OF PHILIPS OF PART I DE PART I) DE PART I) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN KNIMER PARTIES WEDICAL EXAMINERS 10 214 INJURY OCCURRED TH LOCATION THE PLACE OF INJURY CITY OF FOWN COUNTY FAT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 77x 1 certify that that unif that our) opinion death occurred on the date and 22b. SIG DEGREE MEDICAL ATTENDING. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION (SPECIF Burial St. James Episcopal Monkton, Balto., STATE MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Second at Franklin St. New Freedom, PA 17349 DHMH - 16 60M 7/B4 J. J. Hartenstein, (VRA 15, 4)

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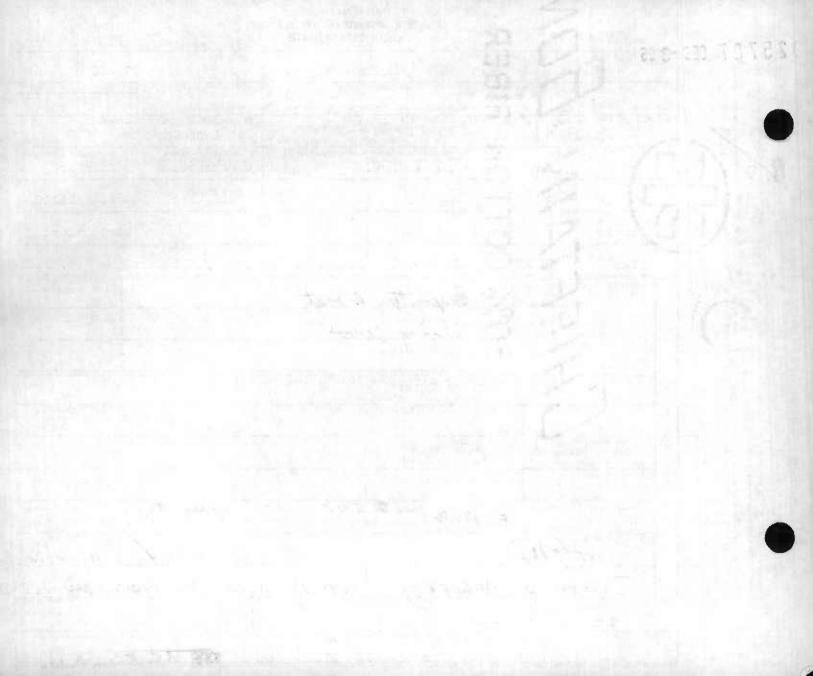
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR CHOEASED NAME 2h HOUR 8:16a Bland MCCOMBS November 5, 1986 Harry A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 12 1904 Male White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore County West Virginia U.S.A. DIVORCED 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Electrican Armco Steel Rossville Franklin Square Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
131. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 7412 Old Battle Grove Road 13d INSIDE CITY LIMITS? NO X Baltimore Dundalk Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE James Alice McComb Hannah 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN 228-01-1149 Thelma J. McCombs 7412 Old Battle Grove NO BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF Small cell lung carcinoma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. nd Mer 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE 22a I certify that X (this haspital) attended the deceased from November 4
sow the deceased dive an November 5 186 and that is November 5 (our) opinion death accurred on the date and have and from the causes stated and that in (t) view the body after deat be detoched te State Dept 22c DATE SIGNED DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINTS 22e ADDRESS should be MPORT 9000 Franklin Square Dr., Balto., 21237 Sarah L. Owens 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Baltimore County Maryland Gardens of Faith Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1986 24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk DHMH - 16 60M 7/84 Dundalk, MD 21222 (VRA 15, 4) 7922 Wise Ave.



Dundalk, MD

7922 Wise Ave.

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 024198 NOV IN 9 FRATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-ANNA MCCORMICK DEATH MATED 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED WHITE 12 1890 Q E YRS To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland DIVORCED WIDOWED W BAITIMORE COUNTY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY TOWSON JOSEPH HOSPITAL Homemaker USUAL RESIDENCE (HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE TOWSON YES [NO X 509 E JOPPA RD 21204 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE Frank Unknown Dorman Dora 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Apt 21234 (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Niece: 2804 Upridge Ct. Mrs. LAVerne H. Bayne No CAUSE OF DEATH (Enter only one cause per l PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] RTMENT OR TO BU 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) SIREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinion Undetermined manner Homicide EXAMINER'S NAME Charles F. O'Donnell, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BP Burial Rock Spring Cemetery Harford County 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Leonard J. Ruck. Inc. 5305 Harford Road 21214 20M 4/82

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Burial 11/6/96 Dilamey Valley Yearsial Consons Towson, Md.

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	9	or. po	3. SE	X	4. RACE		5. DATE O		EAR	6 AGE (IN YEARS LAST BIRT	MONTHS		UNDER 24 HRS
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	de	A GO		TRGINIA TY OR TOWN OF DEATH	USA		WIDOWE	DIVORCE ROTHER INSTITUTION	4	120 USUAL OCCUPATION		VII. 10 05 0	MD.
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0.21	1	d bed	USU 13a	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	NTY	13c. CITY OR TOW	'N 1	13d. INSIDE CITY LIA	MITS?	13e.STREET ADDRESS /		9 112	
LAN	11n 24			ARYLAND BAI	TIMORE	ROSED	ALE	YES NO		7932 BER	K LANE	2123	37
ARY	¥ ×	到到	14. 17	FIRST	MIDDLE	LAST		15. MOTHER'S MAIL FIRST	5.11	MIDDLE		LAST	
¥ .	cuted	E o	14- 1	THORNTON VAS DECEASED EVER IN U.S. A	nuce concess	ROBERTS		MOL	LIE	B.		HEFI	FINGER
AORE	exec	ond cond cond cond cond cond cond cond c		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	T) 716 -			G.M.	
ILTIA	e pe	9 5	-	NO		231-07		PHILL.	P MC	MILLION 4		CT.	TE INTERVAL
ST., BA	rtificon	ompop emovo evento		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		Cardiac Ar						BETWEEN ONS	TE INTERVAL SET AND DEATH
O	th ce	or din			DUE TO, C	R AS A CONSEQUE	ENCE OF	1.4		rdial infar			
REST	death	nove ation traun		Conditions, if any, which gave rise to immediate	(b)_	massive a	intero	lateral m	iyocai	raial infar	ction		
W. P	thot the	d by the lease rer ial, crem ar other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease								
5, 20	ires	0 0 -	_	PART 2. OTHER SIGNIFICANT	INT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
SED	rego	1 E 4 E	ē	Diabetes mel									
IL RECO	he law	has been prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	N WAS PERFORMED)	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED F DEATH? NO
VITA	Z	certificate herial-tronsit pental Hygien	S. S.	210. ACCIDENT WAS UNDERLYING	216. TIME O		AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR			
0	CICIA	burial-tr Mental	SAL	OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH D	19						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	G PHYSICIAN:	After this ce as the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOW	'N CC	YIMU	STATE
ā	NO	Se asse asse astronomy.		220.1 certify that a (this hase	ntal) attended t	he deceosed from	lovemb	er 26. 19.	86	, to November	28. 1986	, the	(we) lost
	TTEN	for of H	15	saw the deceased alive of above, (we)(did)(did)	Novembe	er 28, 19 8	36	d that in () () (our)	opinion de	eath accurred on the da	te and hour and t	rom the cou	uses stated
	A NO	DIRECTOR DIR		22b. SIGNATURE		, since death.	, [DEGREE				c. DATE SIC	SNED
	[Al o			My	or fo	my	~		CIAN X	MEDICAL STAF	AN []	4/291	14
	HOSPI	TO FUNERAL should be det with the State		J. PANGE	ORPRINT) IMENT	, MB		9518.B	041	LADELPHIA	RD.	BALT	21237
	0 9	≥ ± 3 ≥ ₹		SURIAL, CREMATION, REMOVA	23b. DATE	23c. 1	NAME OF CE	METERY OR CREMA	ATORY	23d LOCATION		175	
	В	P		URIAL	12/0	1/86	GARDE	T TO PM	ATOM	BALTO.	B	ALTO	· MD.
		M - 16 60M 7/84 (VRA 15, 4)	24. F	JNERAL DIRECTOR	1 12	ADDRESS	S 04 .	Ase of	DEC	O 1 1986		SIGNATUR	dass
				7,000			1	16.		- 2000	/		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	R. NO.	3	0	1	43	- 2

100	DESCRIPTION OF THE PROPERTY OF				REG. NO.							
	DECEASED NAME FIRST	WIDDLE	L/	AST	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR					
L	Elsie	T	McM1		November 19		8:30p M					
3.	Female	White	5. DATE O	13 PAY 1902 AR	AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR MONTHS DAYS YRS	HOURS MIN.					
2111	TO Published the Control of the Cont	TO CITIZEN OF WHAT COUNTRY	? 8 MARRIET	NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH						
-	Penna.	USA	WIDOWE	DE DIVORCED	Baltimore Co		MD.					
R	ossville 21237	Tranklin Sq. Ho	spital		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	RKING LIFE) 12b. KIND C INDUSTRY HOME	OF BUSINESS OR					
3 18	SUAL RESIDENCE (IF NURSING HOME OR COLOT) 13b COUNT Balt		WN I		36.STREET ADDRESS / ZIP 35 wagontra	cope Rd.	21220					
1	Charles	McCann LAST		IS MOTHER'S MAIDEN NAMI	Genaeu	LA	ST					
16	WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES!		17 INFORMANT	ADDRESS	0						
	No -	206 18	6002	Charles McMi	nn	Same	MATE INTERVAL ONSET AND DEATH					
		gove rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I										
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED			F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO					
		HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER MATURE OF INJURY IN I	TEM IB PART I OR PART 2)						
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE	210 PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE					
	220.1 certify that (1) (this hospits saw the deceased alive or above will (we) (dd) (did not 22b. SIGNATURE	ovember 19 19_view the body after death.		er 17 , 19 86 d that in (Xy) (our) opinion de DEGREE	to November on the date o							
	dou	щ		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DICAL STAFF ECTOR PHYSICIAN 11/19186						
1	721 PHYSICIAN'S NAME (TYPEOR	PRINT}		9000 Frankl	in Square Dri	ive., 2123	7					
2.	30 BURIAL, CREMATION, REMOVAL			Cemetery Cemetery	Carmichaels	Greene	Co. Pa.					
1	puzczinski funera	al Home PA 1407 Balt	Old E	astern are	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNAT	Rendates					

DHMH - 16 60M 7/84 (VRA 15, 4)

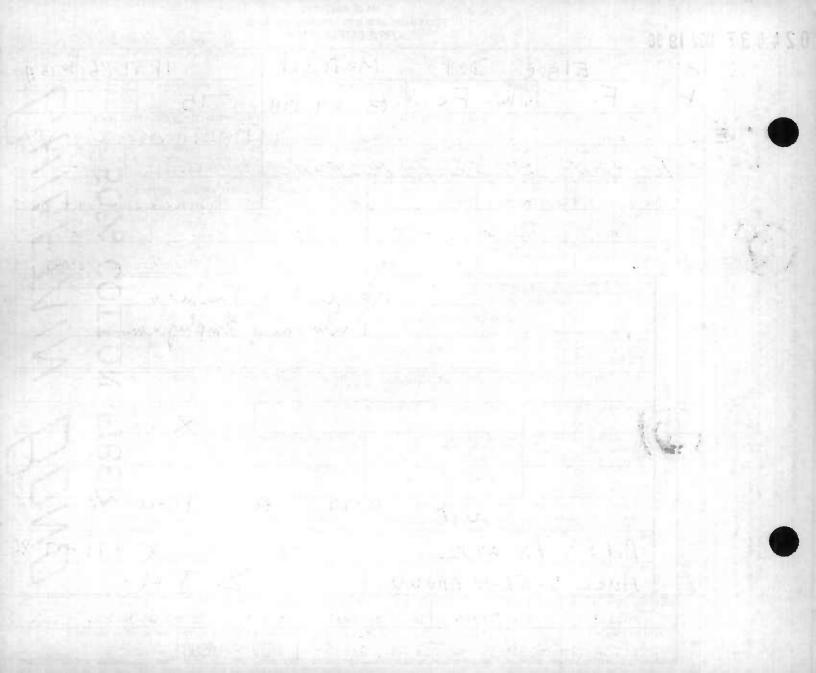
Eurial 11/2/86 Olades Cenetary artichnels uracis vo. a.

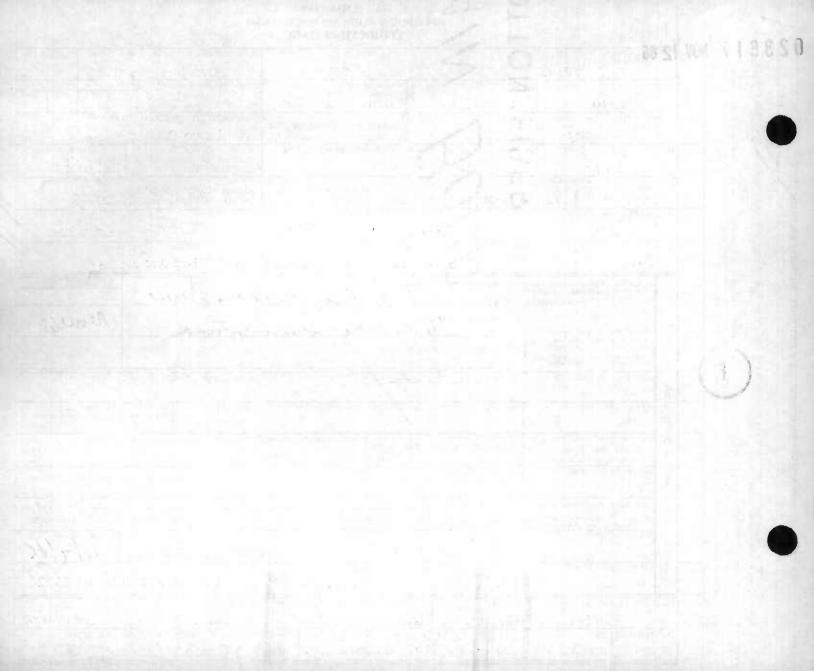
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 00-22897 REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) Mildred. C Meadowcroft 11-1-86 5 P. 6. AGE TIN YEARS LAST BIRTHDAY 4. RACE DATE OF BIRTH IF UNDER I YEAR IF LINUSED 21 MDS 3. SEX VEAD Female White 7-30-08 78 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore County Md. WIDOWEDXX DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR Operator Balto. Perring Parkway Nursing Home USUAL RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 126 COUNTY Balto. 13d. INSIDE CITY LIMITS? 3216 Ramona Avenue 21213 Md. YES A FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Snyder MIDDLE LAST Anna Houck ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 218-26-1954 Frank Meadowcroft, 25 W. Courtland S Air,Md. 210114 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF A.S.CV.D Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM ETC) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS BATO md 21057 Dr. Anthony Carozza 4214 Manorwood Road 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Balto., Md. Burial Holy Redeemer 11/5/86 250 DATE REC'D. BY REGISTRAR 256: REGISTRAR'S SIGNATURE 24 Schimunek Funeral Home LODRESS Inc. DHMH - 16 50M 4/83 (VRA 15, 4) 21213 3331 Brehms Lane, Balto, Md

10000 EV D. Mayle Circle of Instituted Services MARCHES CANCER SOLF BURGES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 025558 DEC MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NG DECEASED NAME 20. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-ELLIS DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE S FOR YOUR I LAST BIRTHDAY PRONOUNCED 2100 DEAD 76. CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA DIVORCED WIDOWED A PAGE 5 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Welder Maryland Ave. Essex USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Balto 613 Maryland Ave. 21221 Md Essex 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST E. Medley Flora Palmer Fannie Cheatwood 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (YES, NO. OR UNKNOWN) Ione Trevillian 616DunwichWay21221 225-01-7163 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. L. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 III CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIEF ARTMENT OF YES | 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD I HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME DEP 71d. INJURY OCCURRED 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE WR. PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR. PATER DEATH, WITH THE STATE BAITMORE, MARYLAND, 2120 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted fram Natural causes Hamicide Undetermined manner LITLE (SPECIF DATE MEDICAL EXAMINER EXAMINER'S NAME TO CROSSAM 230 BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION Salem Virginia 12/3/86 SherwoodPark Burial 07/B4 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** ConnellyFuneralHome 300MaceAve. 21221 (VR A15 ME (5))

02557 152+214 7-140 C 140 T Company of the second of the second of the second THE TOWNSHIP CHANGE AND THE PARTY CARD, TO LESS





				STAT	E OF MARYLAND						
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frer frer	3. SE.	X	4 RACE	5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS D	EAR IF UNDER 24 HRS			
oge recto		Male	White		. 18, 1895	91	YRS.				
1 2 2		RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	-5%	H			
870		MD	USA	WIDOW		Baltimore	3	○ ME			
行过機グ	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME (REET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION					
		Baltimore	201 Woodbro		ne	Presiden	t Ba	anking			
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Though the state of the state o		MD R	Balt	.0.	YES NO B	201 Wood	orook Lar	ne, 21212			
erely 7.2 s	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN I			LAST			
£15:		-	emp Merrick		Charlto		Graf	f			
Pages Pages medical		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SI	ECURITY NO.	17. INFORMANT	ADDRES	S				
P P			W I 215 07	6122	Mrs. Ann	e M. Pinkar	d, Ruxto	on, MD			
spers vol. t, the		IS CAUSE OF DEATH (Enter o	nly ane cause per line for (a), (b), ED BY:	and (ç).)			APP BETW	PROXIMATE INTERVAL			
ph)			ED BY: ATE CAUSE (a) Cascus	noma	of preusi	tate a mal	stons	3 4000			
o po bullet			DUE TO, OR AS A CONSE	OLIENCE OF	01						
120		Canditians, if any, which	((b)	GOETICE OF			11.5				
4 1 7		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENICE OF			3 3 3				
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y.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CITEMOS SCLEEN TO COD - CHF. Abrust fluidlation									
The Train	CERTIFICATION	artenus									
prior prior	CAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORM			ERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS					
hos to be sene	TE	Jan 1986	Prostat	tic alm	teretur	YES NO X	YES	NO [
ronsil Hygi 18 sh	E.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	T 2)			
s certification of the second	¥	OR CONTRIBUTING CAUSE OF DE	AIN .	DAT TEAK							
I We bur in the part in the pa	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TOW	(N COUNTY	Y STATE			
s the same and ked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	SIREET	CHAOKIOA	N COONIT	STATE			
se o se o mar			oitol) attended the deceased fra	m	July 19 5	7 to 200	22 , 19 86	that (1) (we) last			
for u		saw the deceased alive a	at) view the bady after death.	and a second	nd that in (my) (aur) apinii	on death occurred an the da					
REC ppt. em		22b. SIGNATURE	at) view the bady after death.		DEGREE			ATE SIGNED			
the tack the PIII		Franklan S	7 1.0		ATTENDING	MEDICAL STAF		1/24/86			
Store		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS	DETRECTOR PHYSICI	AN L	,,,,,			
TO FUNERA should be de with the Stat		Dn Enanklin	E. Leslie, A	AD.	7210 Rell	lona Ave., E	Salto MA	D			
TO FUNERAL E should be detor with the State E IMPORTANT: If	22- 6				EMETERY OR CREMATOR		Jaico, Wi				
	230.	BURIAL, CREMATION, REMOVAL				CITY OR TOWN	COUNTY	A AD STATE			
BP	24 FI	Burial	11/24/86	Druid	Ridge	Pikes\		MD			
HMH - 16 60M 7/84			W. Jenkins		Co. 200.	The second secon	4				
(VRA 15, 4)	49	05 York Road	Balto. MD	2121	2	OV 24 1986	Julia Divideos	n. Kandall			

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he tow on hos been to permit are prior	CERTIFICATION	19a DATE OF OPERATIO	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES YES NOTE YES							INGS USED S OF DEATH? NO	
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offer this of the box	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
STRENDING OF COOK AND USE OF HEIST OF THE PROOF OF T		22a.l certify that (I) (this haspital) attended the deceased from 11/24 19 86 to 11/24 19 86, that (I) (we) lass saw the deceased hise on 11/24 19 86, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above. (I) (we) Idial for the figuration of the date and hour and from the causes stated above.									
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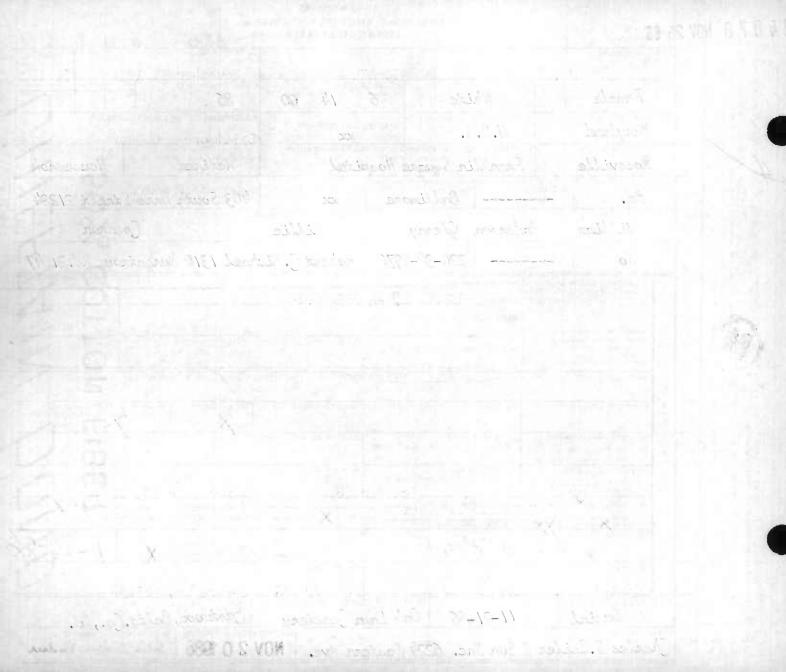
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		1.	FOR STATE		DE	PARTMENT OF	HEALTH AND MENTAL HY	GIENE			
2604	1 DEC -	88	REGISTRAR			CERTI	FICATE OF DEATH	8	REG. NO.	0.	63 8
	- 4		CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
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201	ر المراسية		BALTIMORE				CO.GENERAL HO		OL TEACH		ATION
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AND 124		M		BALTIMORE		NSVILLE	YES 🗶 NO 🗌		gleside		228
RYL	家人有入	14. F,	ATHER'S NAME	MIDDLE	L	AST	15. MOTHER'S MAIDEN N		MIDDLE	LAST	
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BALTIMORE, MARYLAND 2120 gte be executed within 24 hours	dico		VAS DECEASED EVER IN	U.S. ARMED FORCES		AL SECURITY NO.	17. INFORMANT		ADDRESS Or	lando, Fl	[,
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3AL1	Feel		18 CAUSE OF DEATH	(Enter only one couse	per line for (a),	(b), and (c)				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
V ST., BAL	Car		PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (0)	Sea	otic S	hock				
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, 20	an ple puria y, or	1 8	PART 2. OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE	R CONDITION G	IVEN IN PART 1:0	
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ALR he l	t hos	E						YES 🗌		res []	NO [
VII.	is certificate burial-transit Mental Hygie ar Item 18 sho	U	21a. ACCIDENT WAS UNDER	110110	E OF INJURY	TH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
OF ICIA 9 pt	rial-t ental	S. S.	OR CONTRIBUTING CA	OSC OF DEATH	P.M.	19					
NON HAY		MEDICAL	21d. INJURY OCCURRE	D 21e PLA	CE OF INJURY	OFFICE, FARM, ETC.)	21f LOCATION		CITY OR TOWN	COUNTY	STATE
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TTE	for us of He 21 is		sow the occeased	dive on	dy ofter death	19 86,0	nd that in (my) (authopinia	n death accurred	on the date and ha	iui and from the co	ouses stated
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My day by the the Them prices and the Them prices are	ny injury, or other traumo	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), storing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Color of the condition of the terminal disease or condition given in part 1. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 200 JULY 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDED									
he los on. hox b	18/	TIFIC			or annual or annual	on moremonie		YES NO	IN CERTIFY	CAUSES	OF DEATH?	
physic physical efficate altrum	1/		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MC	ONTH DAY YEAR	8	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT OR PART 2)		
State of the state	5	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJU		21f LOCATION		CITY OR TO		COUNTY	STATE	
0 t # 1	See .	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	ORY, OFFICE, FARM, ETC.)		96			0.6	SIAIL	
TENDS tros or TOR A	21 II WG		22a.1 certify that in (this hasp that a decayed the decayed from 86 as we the decayed alive an overline 18, 19, and that in (%) (our) opinion death accurred on the date and hour and from the causes stated above. ((we) (idid) (d) of (view the body after death.)									
None All	E E		22b. SIGNATURE			DEGREE				22c. DATE		
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HOSPIT CAMER CAMER CAMER	PORTAN		22d. PHYSICIAN'S NAME (TYPI	E OR PRINT)		22e ADDRESS			1.	//		
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BP	TAX	230. 8	BURIAL, CREMATION, REMOVA SPECIFY) Burial	11-21-86		cemetery or crem		Eastwood.	Ra11.	COUNTY	STATE	
	AA 7/04		JNERAL DIRECTOR				Bo. DATE F	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE	
DHMH - 16 60 (VRA 15,		Ch	artes S. Zeile	r & Son Inc.	6224 Fasz	tern Ave.	NOV	201986	Julia	Divideon.	Randaca	



DIVISION OF VITAL RECORDS.

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN [] ESTI-DEATH MATED ALBERTA E. MILLER A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 2 15 71 YRS White 28 Female 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania Baltimore County USA WIDOWED X DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker 400 Oak Lane Towson SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 400 Oak Lane 21204 Baltimore Maryland Towson YES [NO X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Endress Alinda Shirer John 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESSCt. Vienna Va 2218 Mrs. Linda M. Maquire 10200 Country View 219-30-9846 III. CAUSE OF DEATH (Enter only one course pe for (o), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT STORE HE DATE OF OPERATION 20 AUTOP5Y? YES [] TIE EXTERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED LEWISE PARTURE OF HUURI INVITEW LETWICE OF PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AGE 4 SHOULD BE FORM
DIVERAL DIRECTOR: P
FIER DEATH, WITH THE ST
ALTIMOBE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection L deoth resulted from: Notural causes Homicide Undetermined monner MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell, TYPE OR PRINT) ADDRESS 2 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 736, DATE 23d. LOCATION COUNTY STATE 11/28/86 Dulaney Valley Cem. RP Baltimore Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR NOV 2 6 1986 256. REGIŞTRAR'S SIGNATUR **DHMH - 17** Ruck Towson Funeral Home, Inc. 1050 York Road (VR A15 ME (5)) 20M 4/B2



					STATE	OF MARYLAN	D						
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noy be poge 3	{ I TYPE	BETTY	POV	VELL	1	MILLER	2	1.	1/21/	186	12 A M		
mo)	3. SEX	(4. RACE		5. DATE O		uri h	6. AGE (IN YEARS LAST BI	(FADAY)	MONTHS DAYS	IF UNDER 24 HRS		
ge 4		Female	White		June		1926	60	YRS.	MONTHS DATS	HOURS MIN.		
4 11 3/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	B.	NEVER MA	RRIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH			
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11日次	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS			R OTHER INSTIT	UTION	12g. USUAL OCCUPAT			BUSINESS OR		
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Z J		MD Balto		klandy	ille		10 🛛	13e.STREET ADDRESS 901 Hillst	ead [or., 2	1022		
中華	14 FA	THER'S NAME	Minoris	LAST		15 MOTHER'S M			- (a)				
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d co		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166	SOCIAL SECU	RITY NO.	17. INFORMANT	T	ADDR	ESS				
BALTIMORE, MARTLAND be executed within 24 don and completely filler fors. Pages 1 and 2, shooth it, the medical (xdm) or wat		NO OR UNKNOWN) (1F YES, GI	2	16 20 5	5559	Rober	rt W.	Miller,	Jr.,	Same			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON S1., ING PHYSICIAN: The low requires that the drift centur, oftending physicion. Ifter this certificate has been signed by the air inding ph os the buriol-transit permit. Then please remer citation th and Mental Hygiene prior to buriol, cremation of rem orked or them 18 shows any injury, or other traumatic ever	CERTIFICATION												
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he hos	E							YES NO		ES [NO [
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PHYSIC rending this cer he burion and Mention	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF II		ARM ETC)	21f. LOCATION		CITY OR TO	OWN	COUNTY	STATE		
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ADIN ADIN S Af		22a. I certify that HT (this hasp	ital) attended the de		21	9/24	19 86		121		that of (we) last		
pito for of H		sow the deceased alive or above, (H (we) (did) (did no	ot) view the body after	19_	86, on	d that in (my) (opinion o	leath occurred on the o	late and hou	ur and from the	causes stated		
OR A DIRECTOR A DIRECTOR OF THE DIRECTOR OF THE DEPT.		226. SIGNATURE		3		DEGREE				22c DATE	SIGNED		
by the by the by the ce detoo se detoo Stote DANT: If		Eddie Nakh	uda, Mo	_		ATT PH	ENDING YSICIAN	MEDICAL STA	FF CIAN []	11/	21/56		
HOSPIT med by mid be on the Sto		22d PHYSICIAN'S NAME (TYPE	OR PRINT		. 101	22e ADDRESS	578/1	A MARIS	HUSP	icc			
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○ 후 ○ 축 ¾ ₹	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CRI	EMATORY	23d LOCATION					
BP	(Burial	11/24/8	36 D	ulane	y Valle	У	Balto.	Count	ty.	MD		
DHMH - 16 60M 7/B4		INERAL DIRECTOR Henry	W. Jenk				25a. DATI	REC'D. BY REGISTRAF	25h REGIST	TRAR'S SIGNAT	TURE		
(VRA 15, 4)		905 York Roa			212	212	NO	124 1986	Julia	Divideon.	Kandall		

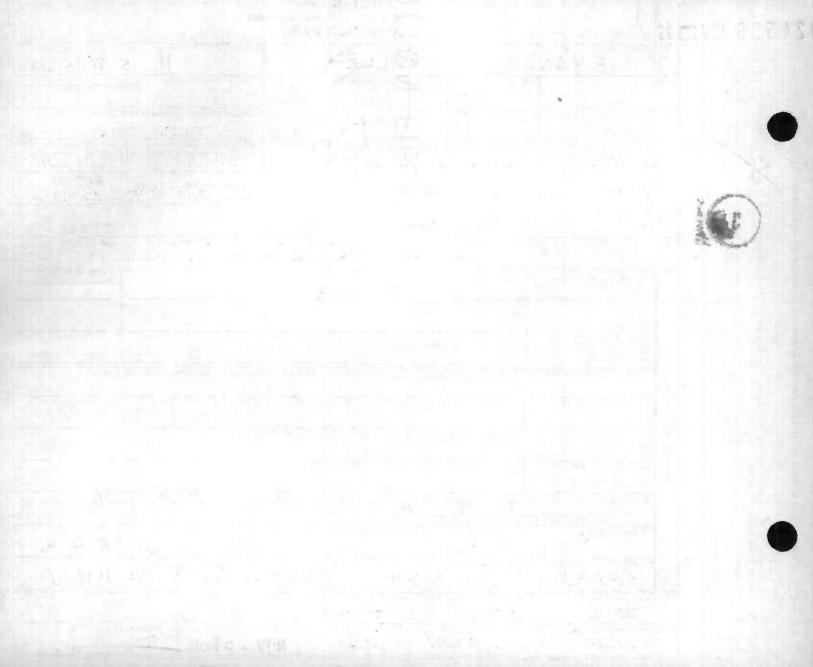
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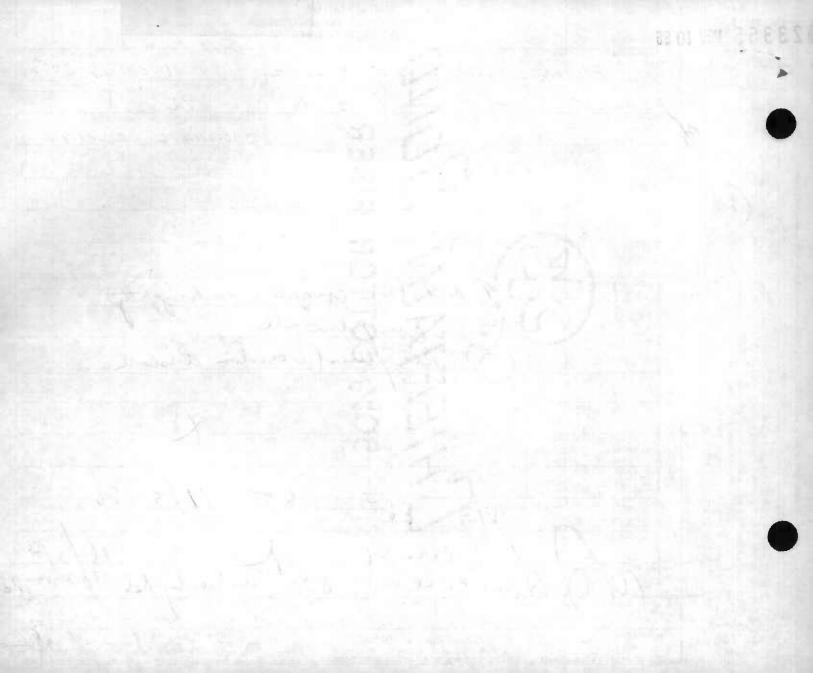
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(VR A15 ME (5))		Walter	Dabrowsk	i 1005 Dune	lalk	Avenue			NOV	26	1986	Julia D	Lordson	n. Rando	es.

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(VRA 15, 4)	L	6010 REISTERSTO	JWN KD., BALT	O., MD 2	1215	NOV 1 9 1986	Adia Nieda	D. date





WILLTAM E. JOHNSON8521 LOCH RAVEN BLVD. NOV

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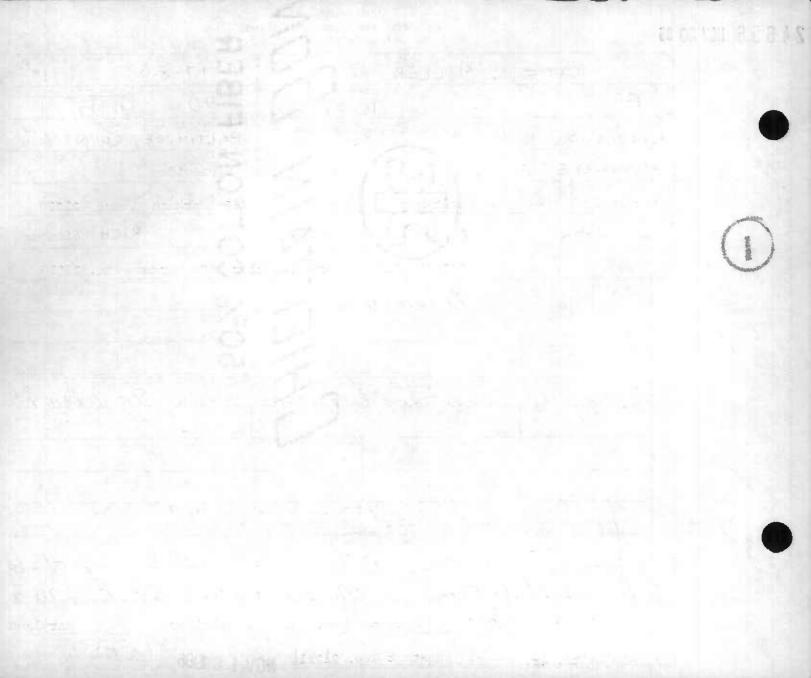
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STATE OF MARYLAND

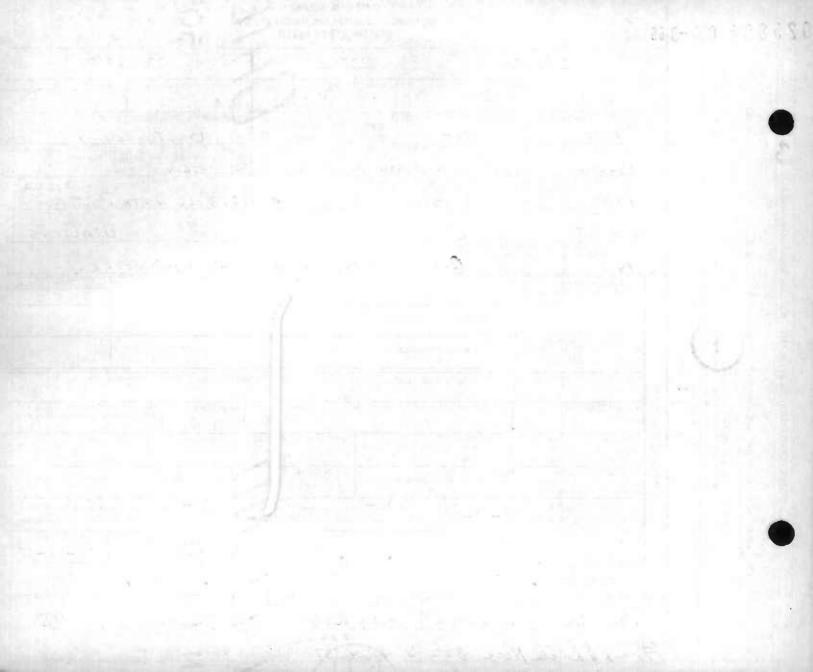
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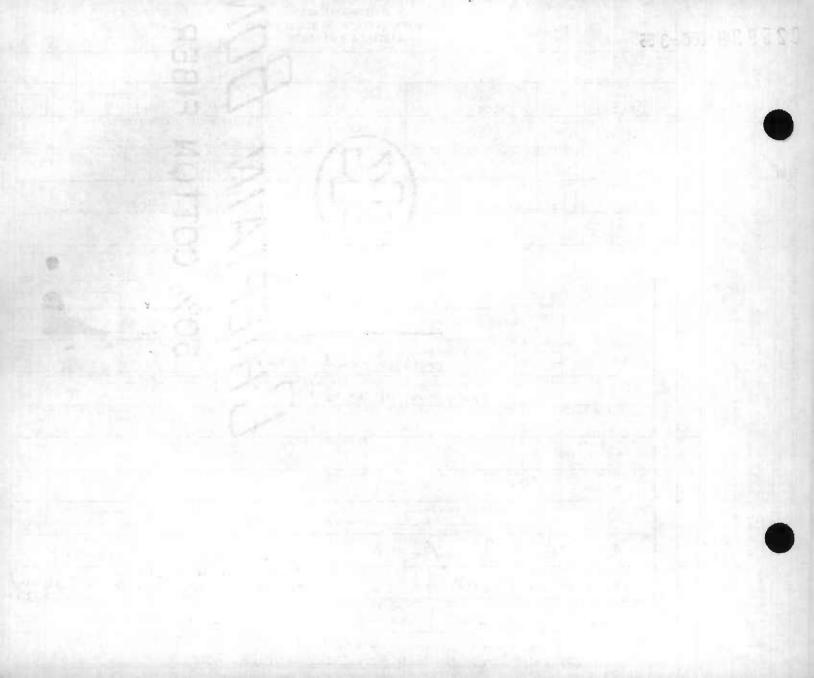


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 5 8 6 4 DEC -3 85 - STATE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Victoria Miller 25 poge 3 86 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS ofter o 3. SEX female white 31 1931 MONTHS DAYS HOURS 12 54 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MD. USA DALTO, COUNTY WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OLD NORTH BALTIMORE, MARYLAND 21201 POINT RD. SECRETARY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21222 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Filled Spelled 1213 OLD NORTH SALTO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE WALTERS NCCNI eRI ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT medico Poges (YES, NO OR JINKNOWN) I (IF YES, GIVE WAR OR DATES) LYNDALE AX. miller 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: MEmama IMMEDIATE CAUSE (o) W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 301 Then p PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [entol Hygie riol-tronsit 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HUURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 1970 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased give on 11-23-86 obove, (1) (we) (did) (did not) view the body after death. __, and that in (my) (our opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED Med . ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Mar should be deto with the State [Int. 11-26-86 MPORTANT: 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Francis T. Daly MD Osler Dr. Towson, MD 21204 7401 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION STATE Redeemer RIAL DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 S. HIGH ST (VR A 15 (4)) 322



7922 Wise Ave. Dundalk, MD

(VRA 15, 4)

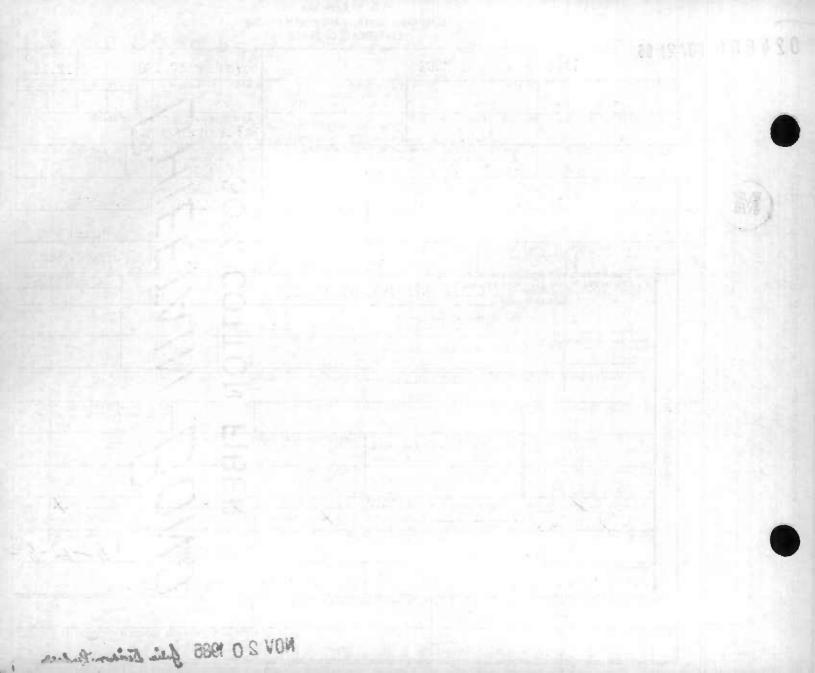


STATE OF MARYLAND

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	3. SE	X	111	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTI		IF UNDER I YEAR	_	R 24 HRS
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8	1	Adolph		MIDDLE	Renz		Margai	ret	WIDDE			kon	
1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES				
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ı	100	Gonditions, if ony, gave rise to immore couse (a), statin	nediate	(b)	R AS A CONSEQUE	NCE OF							
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	23o B	SPECIFY)		1 11	-14-86 23c N	AME OF C	EMETERY OR CREMAT	ORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
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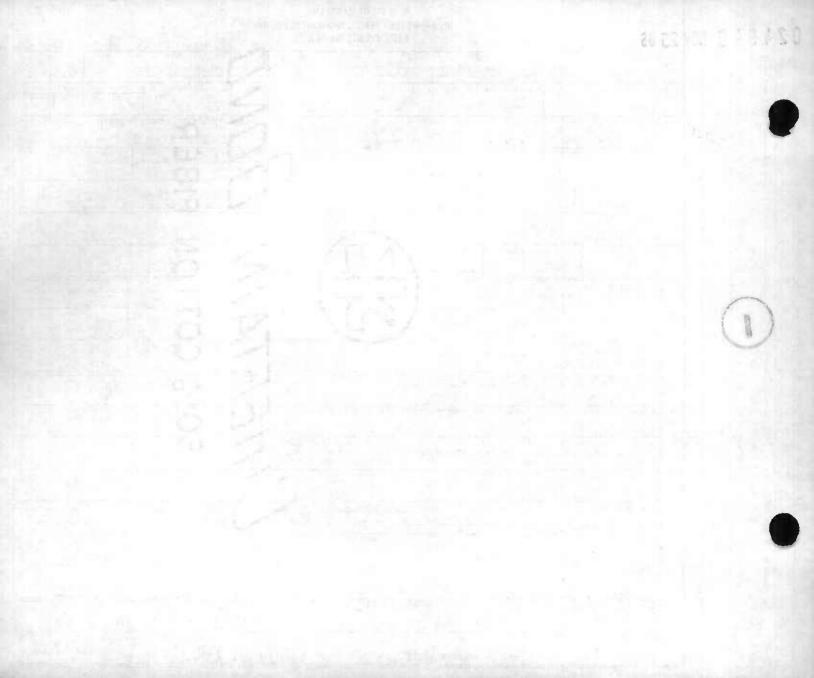
Anatomy Board



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a de la	a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
		OUTH CAROLINA	U.S.A.	WIDOW	ED DIVORCED	BALTIMORE COU	MTY MD.
	北	FORT HOWARD	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C) VA MEDICAL	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired	12b. KIND OF BUSINESS OR INDUSTRY
24 four filled in build be	3030	UAL RESIDENCE (IF NURSING HOME OF STATE 13.5) COL	INTY INC CITY	OR TOWN	136 INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP CO 3516 LYNCHESTI	ER ROAD 21215
	MAN	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
p pour	//V	ST. JULIUS	MIDDLE	ORE	ANNIE	MIDDLE	JORDAN
BALLIMORE, MARKTAND 2120 gate be executed within 24 fours potent and completely filled in b spens. Page I fond 2 inbuild be till real.	21	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) YES W	IVE WAR OR DATES!	05 2184	Frances B. Moor CLINICAL REC	e 3516 LynC ORDS, VAMC, FOI	
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OVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The law requires the otherdrap physician. Ther this certificate has been signed that he having treated permit. Then place that and Method type are prior to During that and Method or them 18 forces any injury, and added on them 18 forces any injury, and	MEDICAL	21d INJURY OCCURRED HILE NOT WHILE NORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDRA AL FESTINA AL F		220 I certify that (I) (this has sow the deceased alive a above. (I) (well a d) (d)	n NOVEMBER 1	d from SEPTE 9 19 86 . o	MBFR 23, 19 86 nd that in (my) (our) opinion	, to NOVEMBER 19 death occurred on the date and	
TAL OR A SAL DIRECTOR OF A Getsched Getsched		174 SIGNATURE	Tuvan		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPI TO FUNE Thould be	1	PETER V. JUV	AN, M.D.		22e. ADDRESS WA MEDICAL C		ZARD, MD 21052
RP	230	Burial, CREMATION, REMOVA (SPECIFY) Burial	11/24/86		Cemetery or crematory	23d LOCATION CITY OF TOWN Baltimore	COUNTY STATE
Or	24	FUNERAL DIRECTOR	/- 1/00	THOOGIAMI		E REC'D. BY REGISTRAR 256. REC	
DHMH - 16 60M 7/8- (VRA 15, 4)	⁴ M	arch Funeral Home W	lest 4300 Wabash	Avenue	NC		ia Decider Cadale



FOR

STATE OF MARYLAN DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

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	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	1.00
	November 7, 198	6		1:10p	М
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE		IF UNDER 24	
YEAR	71	MONTHS	DAYS	HOURS /	WIN.
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TENDING _	MEDICAL STAFF				
YSICIAN [DIRECTOR PHYSICIAN		11/7	/86	

DECEASED NAME MIDDLE TYPE OR PRINTS E. MORRISON FANNIE 5. DATE OF BIRTH 4 RACE MONTH FEMALE WHITE AUG. 12 191 MINITALE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER M COUNTRY MD. U.S.A WIDOWEDIX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTI 10 CITY OR TOWN OF DEATH FRANKLIN SOUARE HOSPITAL BALTIMORE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136. COUNTY

137. CITY OR TOWN SUAL RESIDENCE 13d INSIDE CIT BALTIMORE MD. BALTIMORE YES [I FATHER'S NAME 15. MOTHER'S CORNELIUS BERGER 16h SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN LIF YES GIVE WAR OR DATEST 220-01-3551 RUSSEL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Cardio-respiratory coll DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Metastatic breast carc gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFOR 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATIO AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that & (this hospital) attended the deceased from November 3 77h SIGNATURE DEGREE 234 PHYSICIAN'S NAME (THE OFFICE) 22e ADDRESS 9000 Franklin Square Dr., Balto., 21237 Gary Johnson 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL MD STATE 11/10/86 BALTIMORE HOLLY HILL

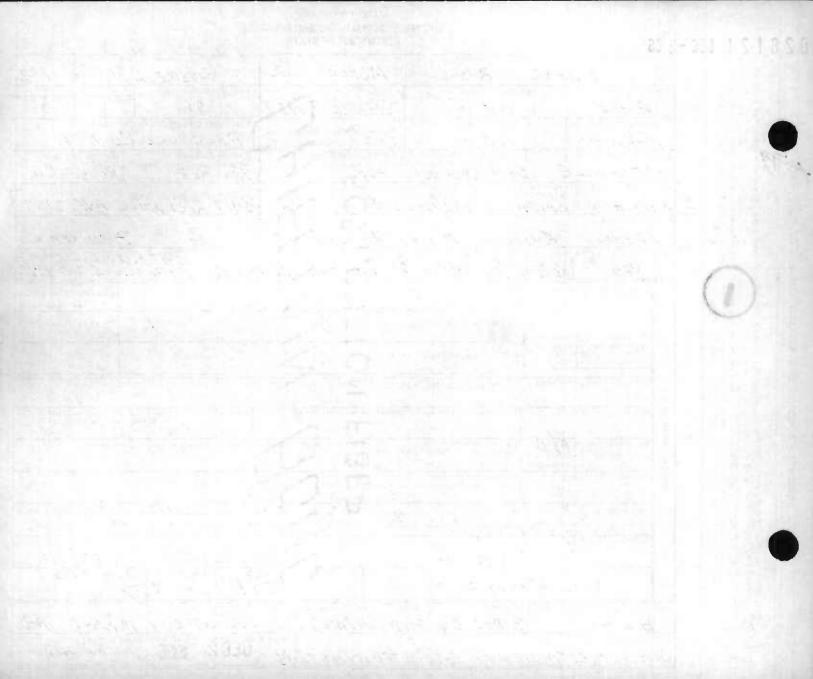
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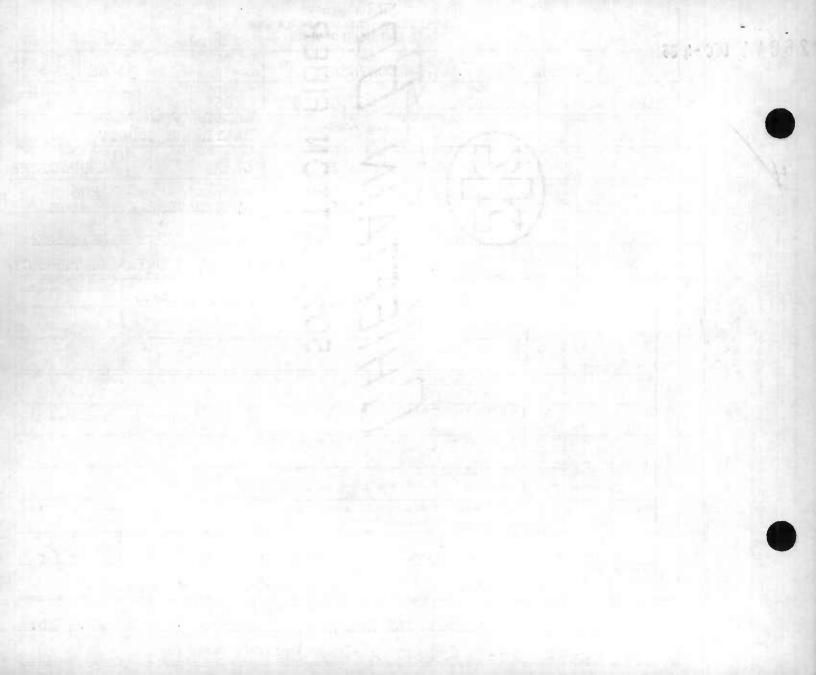
24 FUNERAL DESCHIMUNEK FUNERAL HOME DOKUNC. 3331 Brehms Lane, Balto. Md. 21213 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Jandson Pendas

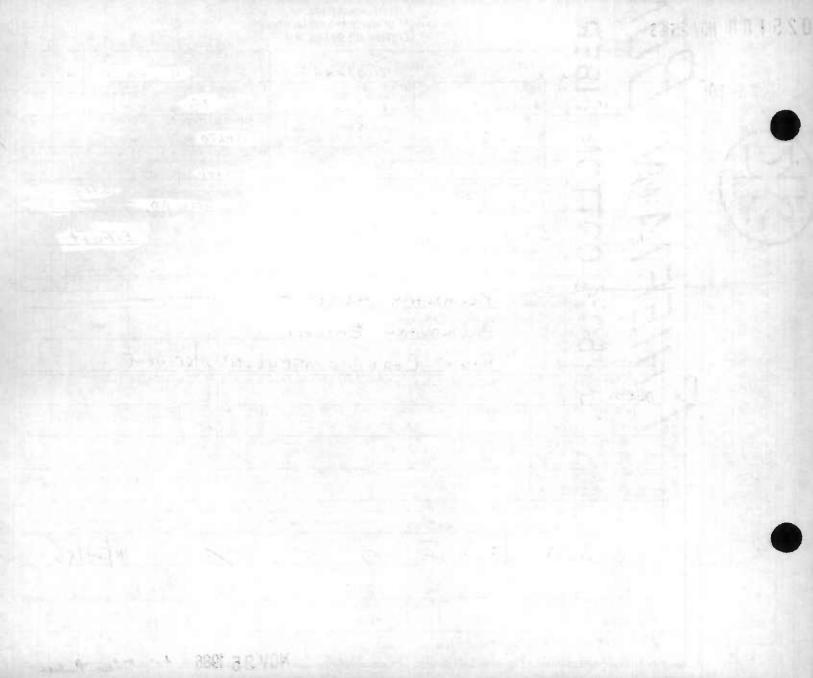
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-	foner hig 7	9	10.6	MARVLAND TY OR TOWN OF DEATH	11. NAME OF HOSPITAL N	WIDOWE		BALTIMORE 120 USUAL OCCUPATION	17b. KIND OF BUS	MD.
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MARYLAND	22	DA	14. FA	THER'S NAME FIRST	MIDDLE LAS	ST EV 10	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
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DIVISION OF VITAL RECORDS,	een si int. The	>	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20g. AUTOPSY? 20t	a. IF YES, WERE FINDINGS U	SED
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	ned by the FUNERAL	A I		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	.4	22e ADDRESS 90			
3		APOR 1		Loke &	Terry John	7	5	Al. Cott	e; tx	
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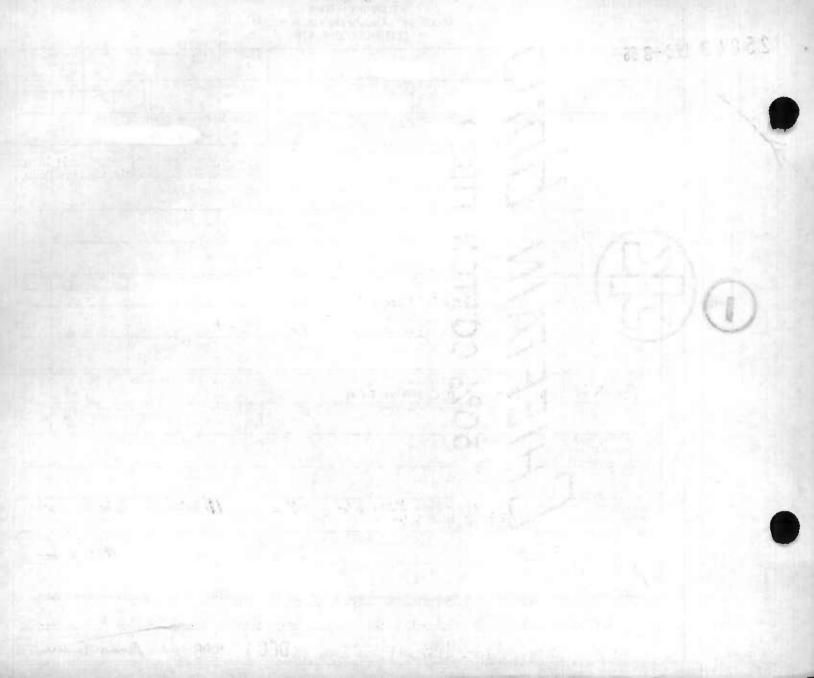
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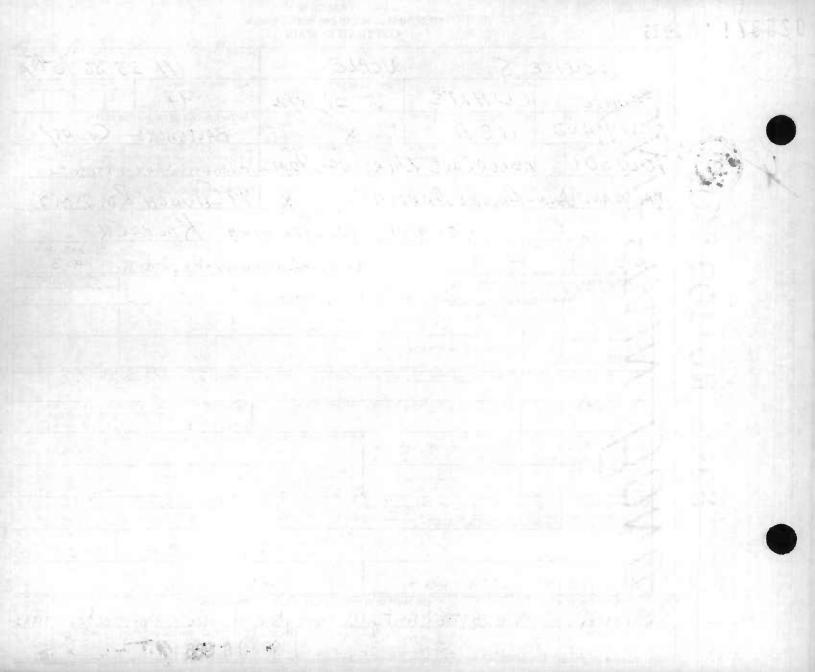
1 1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
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70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 _/	9 BALTIMORE CITY OR COL	
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10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	125 KIND OF BUSINESS
0 0	Catonsville	Summit N	URSI'M /pme	Firefighter	Datelli
WS	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR			City Fire Do
	STATE 13b COL			13e STREET ADDRESS / ZIP C	
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160	WAS DECEASED EVER IN U.S. A	G. Nage]		B ADDRESS	Davern
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Item #3 G 621 STATE OF MARYLAND 11/17/86 cw FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINT MARY MOWA KOWSKI 1986 November 11, 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 19 Female White May 1919 **BALTIMORE CITY OR COUNTY OF DEATH** TO CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Baltimore County Ohio WIDOWEDXX DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife St. Joseph Hospital INDUSTRY Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COUNTY Parkville 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 8640 Oakleigh Road 21234 Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE MIDDLE Frances Not Known Seckens Andrew 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 217-26-7421 Louise Markwordt 8640 Oakleigh Rd. 21234 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 90 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram, My the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 27¢ DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Baltimore Nov 15 1986 Moreland Memorial Maryland Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

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Burial 24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

11/15/86

New Cathedral Cem.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Baltimore, Md.

STATE

MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd.

23b. DATE

250. DATE REC'D. BY REGISTRAR 756, REGISTRAR'S SIGNATURE La Dandern- Kundas

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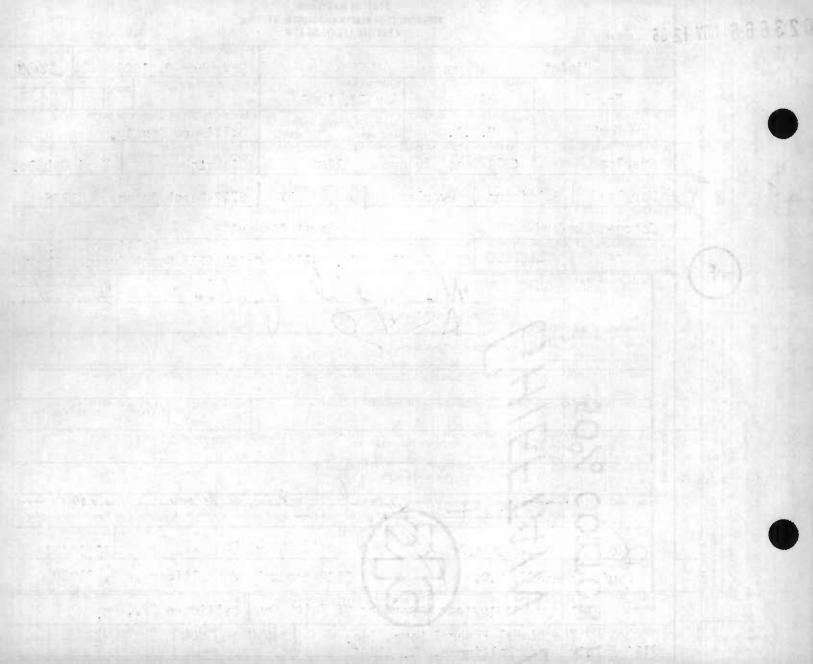
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 023666 STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Violet. O'LEARY Frances November 9, 1986 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Apr 20, 1906 Female White 80 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York U.S.A. Baltimore County. WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Overlea Beech Avenue 21206 Dispatcher Taxi Cab Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Overlea 6712 Beech Avenue 134. INSIDE CITY LIMITS? Maryland 21206 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sarah Stewart George Wakeford ADDRESS Baltimore, MD. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 090-05-3414 Mr. William Smith 6712 Beech Avenue 21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for th), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONGEQUEN Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY II LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital)-attended the deceased from saw the deceased plive on abave, M(we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27h SKSMATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL TO FUNERAL E should be deta with the State [PHYSICIAN TX 11/10/86 DIRECTOR PHYSICIAN MPORTANT ICIAN'S NAME (TYPE OF PRAIT) 22e. ADDRESS Louis Senenoff, M.D. 2108 Orems Road Baltimore, MD, 21220 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Gardens Of Faith Cem Balltimore Co., Min Burial 11/12/1986 BP. BONDAR 256 REGISTRAR'S SIGNATURE THE Dippel Funeral one lone, Inc. DHMH - 16 50M 4/B2 Julia Devideon Randall (VRA 15, 4) 7110 Belair Road Baltimore, MD, 21206



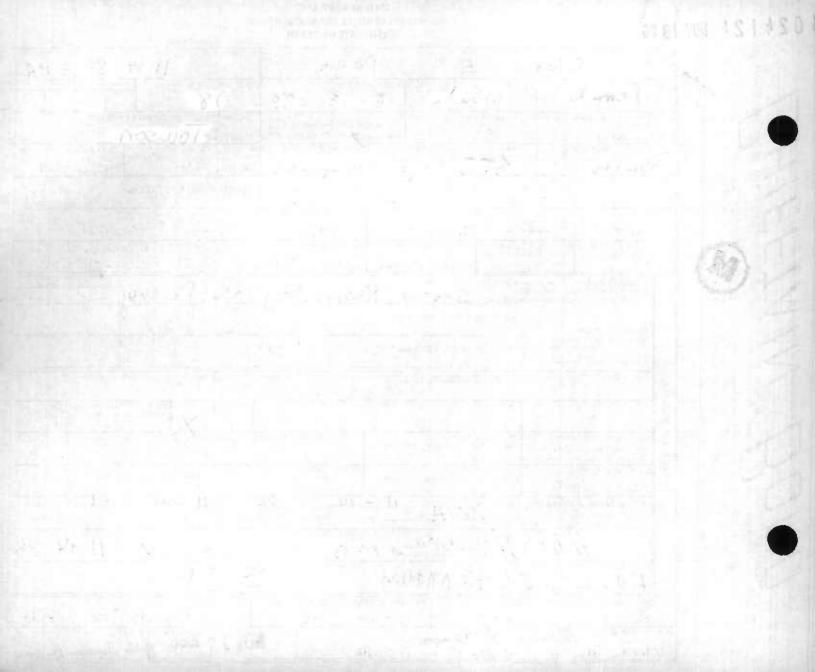
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STATE OF MARYLAND

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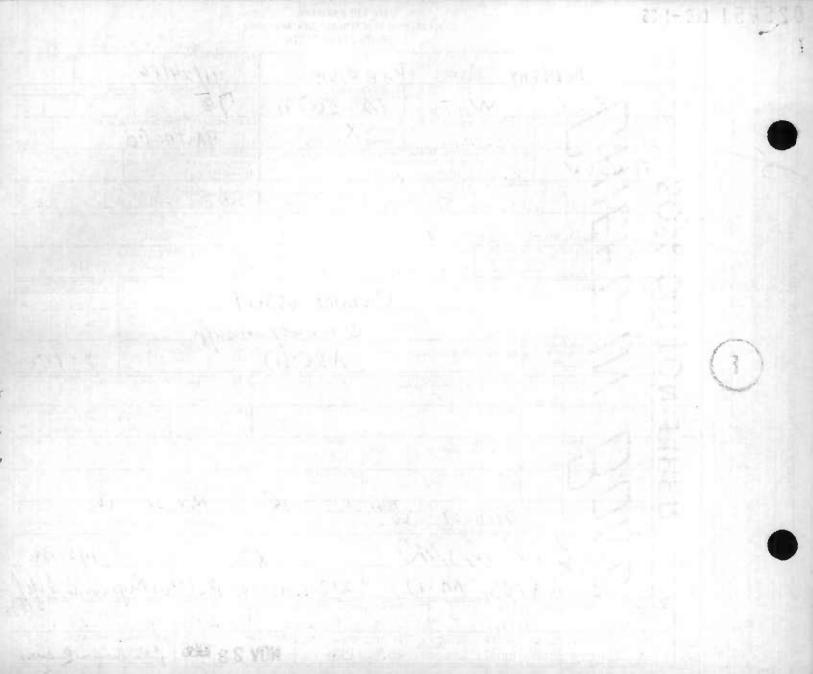


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LØECEASED NAME LAST 2h. HOUR 2385 TYPE OR PRINTS 30 IF UNDER I YEAR DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 1899 White 87 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Poland WIDOWEDY DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Homemaking Stella Maris Hospice OWSON ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Stella Maris Hospice Towson, Md. Baltimore Maryland KIKON 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Kazanowski Herdock .John Anna DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 16h SOCIAL SECURITY NO. ADDRESS 21204160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Poges (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES) Harry G. Pappas 1 Smeton Pl Unit 1404 Towson 215-22-7429 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 101.1 PART I. DEATH WAS CAUSED BY ANCER IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 20b. IF YES, WERE FINDINGS USED bee 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NOF YES [NO T 216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 10 (IF EITHER NOTIFY MEDICAL EXAMINER) THE LOCATION 21d. INJURY OCCURRED THE PLACE OF WHITEY CITY OR TOWN COUNTY SHEET STATE (AT HOME, STREET, PAGEORY, OFFICE, PARK ETC.) NOT WHILE AT WORK JUNE 22a. I certify that (I) (this haspital) attended the deceased from sow the deceosed olive on. and that in (my) (our) opinion death occurred an the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body \$ DIREC: 27h SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b EDDIE NAKHUDA Stella MARIS -0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) Baltimore, Maryland 11-12-86 Greek Orthodox Cem. BP Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BelALE PA Julia Dividson Randall DHMH - 16 60M 7/B4 (VRA 15, 4)

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diury files	Z	TAKE STREKSONIE	ICAIVI CC	ontolinons <u>cr</u>	STATISTICS T	O DEATH OUT	NOT KELATED TO THE	TE TERMIN	AL DISEASE OR COP	DITION GIV	EIN IN FART III	,
ow rec	CERTIFICATION	19a. DATE OF OPERATIO	N	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
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	23a	BURIAL, CREMATION, REA	MOVAL	23b. DATE			EMETERY OR CREMA		23d LOCATION CITY OR TOWN	7.19	COUNTY	2/0
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(VRA 15, 4)	87	28 Liberty	Road	Randa	11stown	, MD.	21133	NU	1 5 8 BOO	Julia	Durden.	Pandace

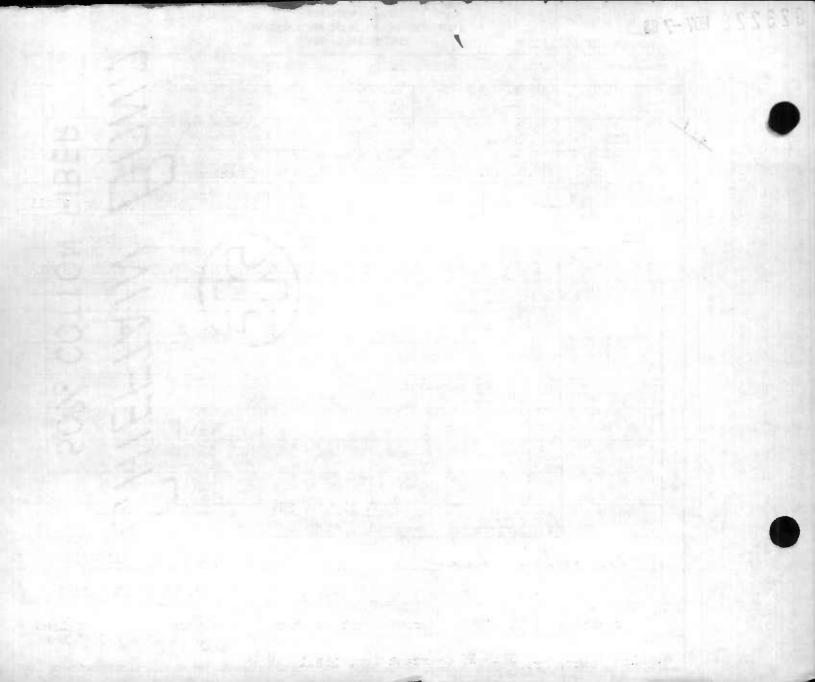


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DHMH - 16 60M 7/B4 (VRA 15, 4)

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23228 NOV	7. SFATE REGISTRAR XC 13334		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENE
	DECEASED NAME FIRST	MIDDIE	LAST	20 DATE OPDEATH MONTH DAY WAR 26 HOUR
nay be page 3	CHARL	IE C	PARKS	NOVEMBER 4, 1986 1:55 A
moy moy	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
ctor s off	MALE	WHITE	02 08 1919	67 YRS. MONTHS DAYS HOURS MIN
death Vo	BIRTHPLACE (STATE OR FOREIGN TENNESSEE	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	
rs ofter	FORT HOWARD	V.A.M.C., FOR	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) T HOWARD, MARYLAND	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired
ed within 24 haurs mpletely filled in the	JSUAL RESIDENCE (IF NURSING HOME OF 130 STATE MARYLAND	NOTHER INSTITUTION GIVE RESIDENCE NOTY BALTI	MORE 136. INSIDE CITY LIMITS	2608 HUNTINGDON AVENUE 21211
ompletely and 2 s	FATHER'S NAME William	MIDDIE IAS Par	ks Mary	(unknown)
BALTIMORE, cate be execut opers. Pages opers. Pages out.	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL 411 44	8686 CLINICAL RE	ADDRESS CORDS, VAMC, FORT HOWARD, MARYL
DS, 201 W. PRESTON ST lurres that the death certilisigned by the attending pen please remove carbon abural, cremation, ar ren lury, ar ather traumatic ev		DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING		ERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir of of the buriot-transit permit. Then hand wented thigher prior to b orked or, them 18 shews ony injury	MALNUTRITION; 1 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ON OF VITA IPSICIAN: The ding physicion seerificansit Mental Hygie Afem] 8 she	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART ?)
DIVISIO NG PHY offer this os the bir th and M	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF		CITY OR TOWN COUNTY STATE
RATIENDIA hospital or RECTOR: A sed for use opt of Health	220.1 certify that (1) (this hosp saw the deceased alive an abave, (1) (we) (did) (did no	NOVEMBER 4	06	b , to NOVEMBER 4 . 186 . that (1) (we) lo lion death accurred an the date and hour and from the couses stated
tached the harm	22b. SIGNATURE	Lu Lee	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN 4 11/4/86
TO HOSPITAL Tetained by th To FUNERAL should be deter with the State IMPORTANT;	MOONHEE LEE,		V.A.M.C.,	FORT HOWARD, MARYLAND 21052
BP	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236 DATE 11/6/86	231 NAME OF CEMETERY OF CREMATOR Green Mount Cemete	ry Baltimore COUNTY Maryland
DHMH - 16 60M 7/84	4 FUNERAL DIRECTOR	ADDI	RESS 250	DATE REC'D. BY REGISTRAR'S SIGNA UP



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

+ ~	REGISTRAR			CERTIF	ICATE OF DEATH	GREG REG	NO. 3		8 8	
	ECEASED NAME FIRST		MIDDLE		IZAST	2a. DATE OF DEATH	3_6	DAY YEAR	2b. HOUR	
	Leon	The	odore	Pa	ul	Novemb	er	8 86	3:00a M	
3. SI	EX	4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEA		
I	Male Wh			Sept		69	YRS.	MONTHS DAYS	S HOURS MIN.	
	STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		8		9. BALTIMORE CITY		Y OF DEATH		
	country) aryland	U.S.A.		WIDOWE		DIVORCED Baltimore County			7 MD	
10.0	TITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126 KIND	OF BUSINESS OR	
Ro	sedale		olden Rin		21237	Rolling P			_	
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COULD BRYLAND BALT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRES	S / ZIP COD	E		
14. F	ATHER'S NAME				15 MOTHER'S MAIDEN NA	AME	10 T	is itouu	616)[
T.	ames Davi	WIDDLE	Paul		Monra FiRST	MIDDLE		LAST		
	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITYNO	Mary 17 INFORMANT	Jane	DRESS	Car	ver	
Ye	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR WW II		213-07-7		Mrs. Margar	ret Paul s	ame as	13e		
	18 CAUSE OF DEATH (Enter of	nly one couse pe	line for (a), (b), one	dicol					DXIMATE INTERVAL N ONSET AND DEATH	
	PART I. DE ATH WAS CAUSE	TE CAUSE (o)	M to	stat	to line o	COMMINGEN	M.	uc i will	NONSET AND DEATH	
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	Conditions, if any, which	(ib)	r as a conseque	NCEOF						
1	gove rise to immediate couse (a), stating the									
	underlying couse last		r as a conseque	NCE OF						
	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GI	VEN IN PART	lio	
0							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FIND		
E						YES NOT YES TO			ES OF DEATH?	
8	210. ACCIDENT WAS UNDERLYING	21b. TIME C		1.00	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IT				
	OR CONTRIBUTING CAUSE OF DE.	AIR	M. MONTH DA	AY YEAR						
EDICAL	21d INJURY OCCURRED		OF INJURY	19	21f LOCATION					
ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR	TOWN	COUNTY	STATE	
	22a.1 certify that ()(this hasp	ital) attended th	e deceased from	7	19_92	, to		19	, that (I) (we) lost	
	sow the deceased alive on above (I) (we) (did) (did)	at I waw the body	ofter death.	10,0	nd that in (my our) opinion	death accurred on the	dote and has	ur and from th	ie couses stated	
	22b. SIGNATURE	1	.00		DEGREE			22t DAT	TE SIGNED	
	JVW	mer	LVV		ATTENDING PHYSICIAN	MEDICAL S'	SICIAN -	111	8186	
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRESS					
	Dr. Sheldon M				404 Eastern	Ave. Balt	imore,	MD.	21221	
	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
Bu	rial	11/10/	1986 Ga	rdens	of Faith Cen	. Baltimo				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Leonard J. Ruck, Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

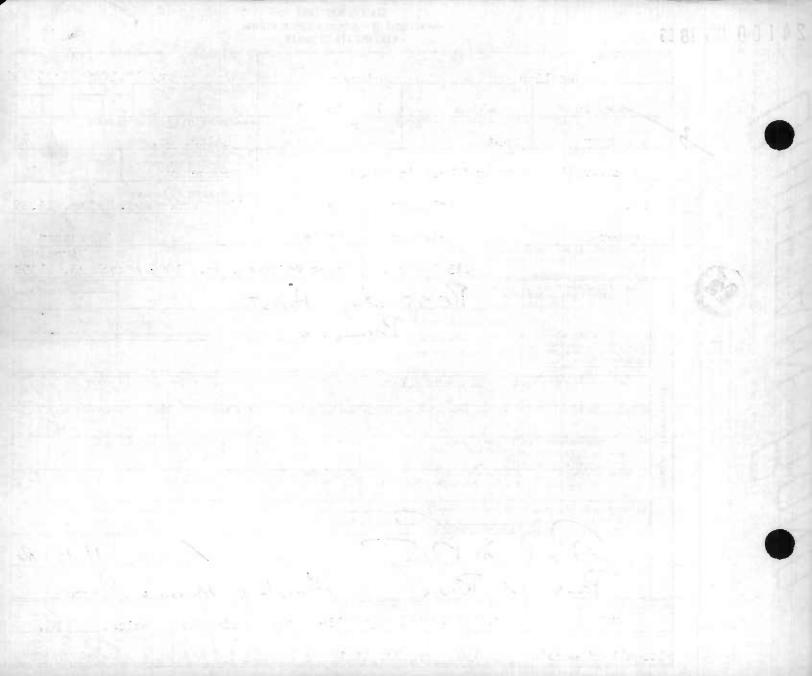
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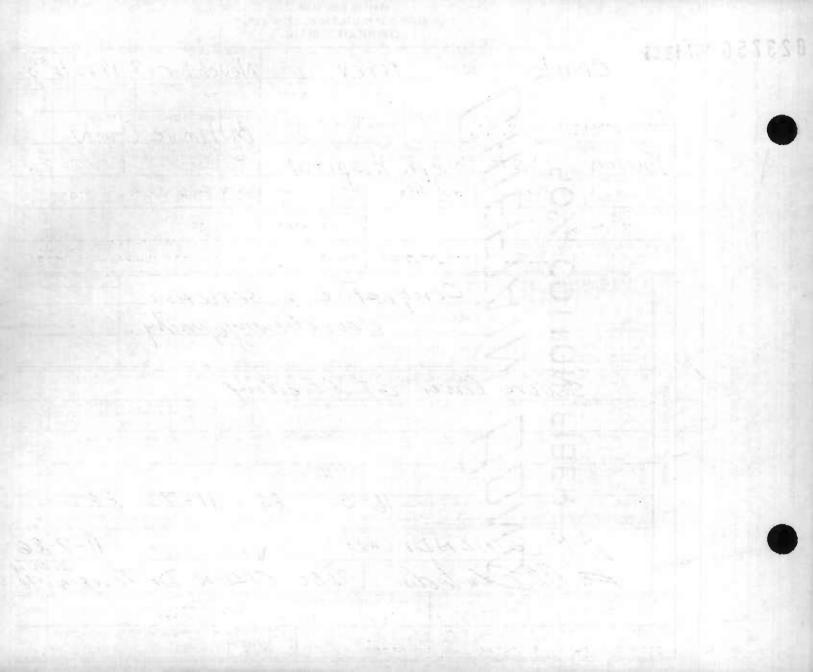
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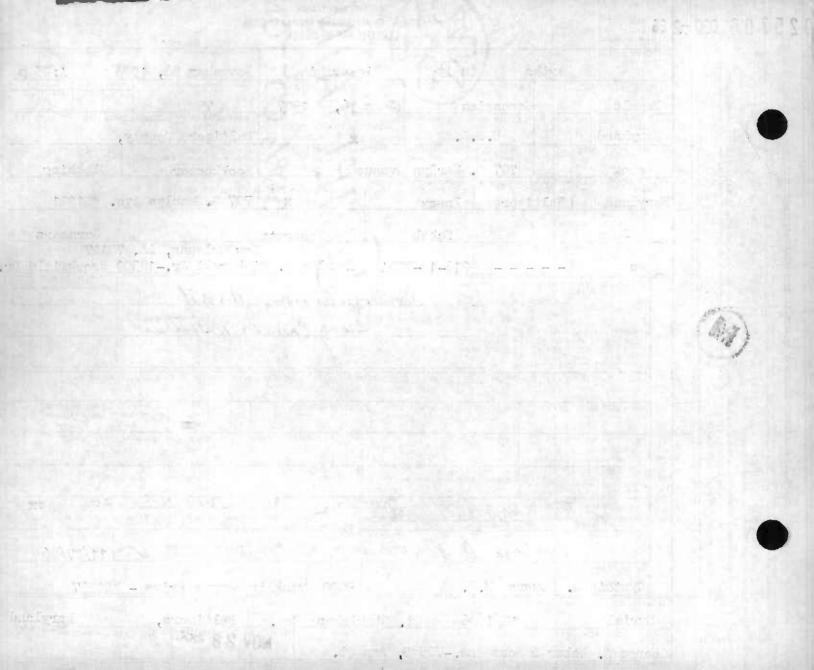


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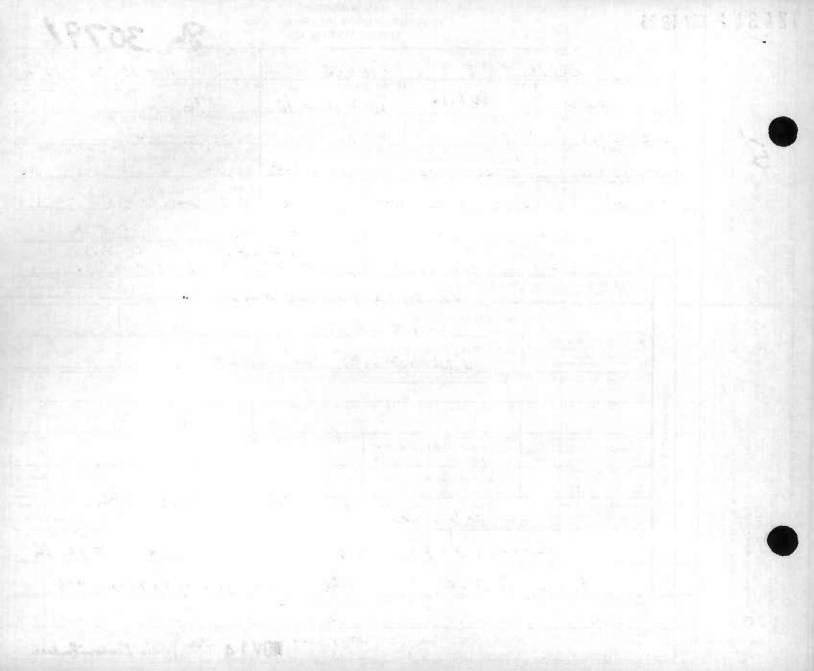
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nay be proge 3	3. SE:		717	RACE	LEE		OF BIRTH		6. AGE (IN YEAR	IS LAST BIRTHDA	AY) IF UNDE	RIYEAR IF U	INDER 4 HRS
of the state of th		Male		Whit		Jar	2 DAY 15	907	79		YRS.	DAYS HOU	JRS MIN.
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AND 212	USU. 13a. S	AL RESIDENCE (IF NURS ITATE Maryland	Balti	THER INSTITUTION Y MOre	130 CITY OF	BEFORE ADMISSION)	138. INSIDE CITY LIA		13: STREET AD 9904 F	oress / zi inney	PCODE	2123	4
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IMORE,	16a V	VAS DECEASED EVER VES NO OR UNKNOWN)	IN U.S. ARM		16b. SOCIAL	7-7052	17. INFORMANT Charles	L. Po	erry Jr	ADDRESS 2812		more, r Rd 2	
uires that the death criticals be executives that the death criticals be executived by the attending physician and en please remove confort appear. Page to burief, cremation, or entaged ury, or other troumatic event, the medical ury, or other troumatic	z	Conditions, if pny, gave rise to imm couse (a), statin underlying couse	nediate g the last.	DUE TO, O		SEQUENCE OF	NOT RELATED TO T	HE TERMI	MAL DISEASE C	DR CONDITI	DN GIVEN IN	PART 11a	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir restrending physician. Wher this certificate has been sign of the buriol-transis permit. Then the and Mental Hygiene prior to be orked an Item 18 shows any injury	CERTIFICATION	19a DATE OF OPERAT				/HICH OPERATIO	N WAS PERFORMED			10XX	Ob. IF YES, WERE N CERTIFYING O	CAUSES OF D	USED DEATH?
A OF VIT 19 physic 19 physic 19 certificat 19 certificat 19 certificat 19 certificat		216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CALEXAMINER)	216. TIME C HOUR A. P.	M. MONTH	H DAY YEAR	21c HOW INJURY	OCCURR	ED (ENTERNATUR	E OF INJURY IN	ITEM 18 PART I OR	PARI 2)	
NG PHYS offer this of the bust he bust	MEDICAL	21d INJURY OCCURR		21e. PLACE (AT HOME, ST		OFFICE, FARM, ETC.)	211 LOCATION STREET			LITY OR TOWN	co	PINITY	STATE
ENDIF role or ruse of Health		22a I certify that (I)				(0	- 5 , 19	86	_, ta	1-/	. 19	•	(1) (we) last
R ATT hospital hospital hospital ed for ed for em 21	19	saw the decease abave, (I) (we) (d 22b, SIGNATURE	did) (did nat)	view the bady	after death.		DEGREE	артнып а	eath accurred a	an the date	and haur and t	Dm the cause	as stated
y the hory the hory the hory the hory the horizontal little detached detached lote Dept.		A	14-6	5HI	LA.	DI, n	ATTEN PHYSI	IDING K	MEDICAL DIRECTOR	STAFF PHYSICIAN	40	11-7	-86
TO HOSPITAL of retained by the TO FUNERAL Should be detail with the State Impropriate To FUNERAL STATE IMPORTANT. If		22d. PHYSICIAN'S NA	1111	60	whee	dm	7600		SLEA		r. 70.	wson	1,74
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DHMH - 16 60M 7/B4	24 FI	JNERAL DIRECTOR	Dippel	Funer	al Hom	es, Inc.		230. DATE	REC'D. BY REG		REGISTRAR'S	SIGNATURE	
(VRA 15, 4)	7	110 Belair						IN	OV 10	1986	Barn Ac	in 40	



STATE OF MARYLAND 0 2 5 7 0 6 DEC -2 66 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME (TYPE OR PRINT) Bertha nmi Piekarski November 26. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH IF UNOFR I YEAR MONTH HOURS YEAR DAYS 1907 Female Caucasian June TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore County WIDOWEDT DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Essex S. Marlyn Avenue Bookkeeper Clothing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 707 S. Marlyn Ave. Maryland YES [Essex 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST John Schab Garncarz Honorata New Orleans LA. MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Charles P. Piekarski Jr.-10300 Brookfield Dr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). DIVISION OF VITAL RECORDS, NO 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO I 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDI 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) the hospital) attended the deceased fram_ DIRECTOR (aur) apinian death accurred an the date and have and from the causes stated saw the deceased alive an above (IV) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN D MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 72e ADDRESS Cynthia A. Powers 9000 Franklin Square Drive -23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE COUNTY (SPECIFY) 1/86 BP. Burial St. Stanislaus Cem. Baltimore 24. FUNERAL DIRECTOR REGISTRAR'S SHOWATURE DHMH - 16 50M 7/77 (VR A 15 (4)) George A. Weber & Sons Inc .- 705 S. Ann St.



STATE OF MARYLAND 024341 NOV DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE (TYPE OR PRINT) GRORGE 86 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH MONTH YEAR 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Pennsylvania WIDOWED DIVORCED [Baltimore County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired Randallstown Baltimore County General Hospital Westinghouse USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 12 Cinnamon Circle Maryland Baltimore Randallstown NO 🐼 21133 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Pierce Florence Riffenberg Lemanuel 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Randallstown **ADDRESS** 16h SOCIAL SECURITY NO MD (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Nancy Curtis 12 Cinnamon Cir. 175-03-9001 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY ARRES IMMEDIATE CAUSE (a) LIYER Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INTURY 211 LOCATION 0 CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive on. ... and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME 27e ADDRESS 1 MORE houl with 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) BP 11-15-86 Jeannette memorial Pk. Penn Township Westmoreland PA Burial 24 FUNERAL DIRECTOR 25g. DATE REC'D, BY REGISTRAR 25h REGISTRAR'S SIGN. Loring Byers Funeral Directors, Inc DHMH - 16 60M 7/84 1200 (VRA 15, 4) 8728 Liberty Rd. Randallstown, MD



22c. DATE SIGNED MPORTANT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION WOODBRIDGE NEW JERSEY NOV.19,1986 BETH ISRAEL 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) 1100 Reisters Town Rd-Balt-MD. 21208

IF UNDER I YEAR

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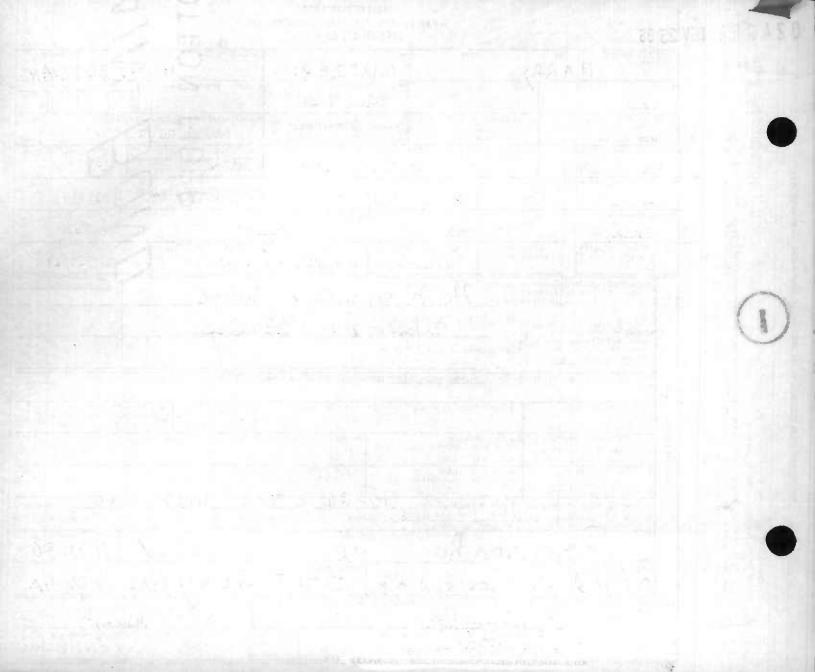
YES |

COUNTY

STATE

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



STATE OF MARYLAND 0 2 5 5 3 7' DEC -2 86 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) November 30, 1986 Thelma POLAND 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX DATE OF BIRTH MONTH 24 PEWALE CAUCASTAN TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County MARYLAND WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROSSVILLE FRANKLIN SQUARE HOSPITAL HOUSEWIFE LEGUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? ROSEDALE BALTIMORE 2010 WINTERGREEN PLACE MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE CATHERINE THOMAS ZELLER HOEHNING ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) 218148476 2010 FRANK F. POLAND 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES T 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) E A HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive apa and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL /30/86 PHYSICIAN DIRECTOR PHYSICIAN should be det 22d PHYSICIAN'S NAME (TYPE OF PRINT) Naeem Gauhar. Essex Medical Center. Baltimore MD 21221 23a. BURIAL, CREMATION, REMOVAL 23¢, NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL COUNTY 12/03 OF FATTH 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Buria1

Arturo Pidlaoan, M.D.

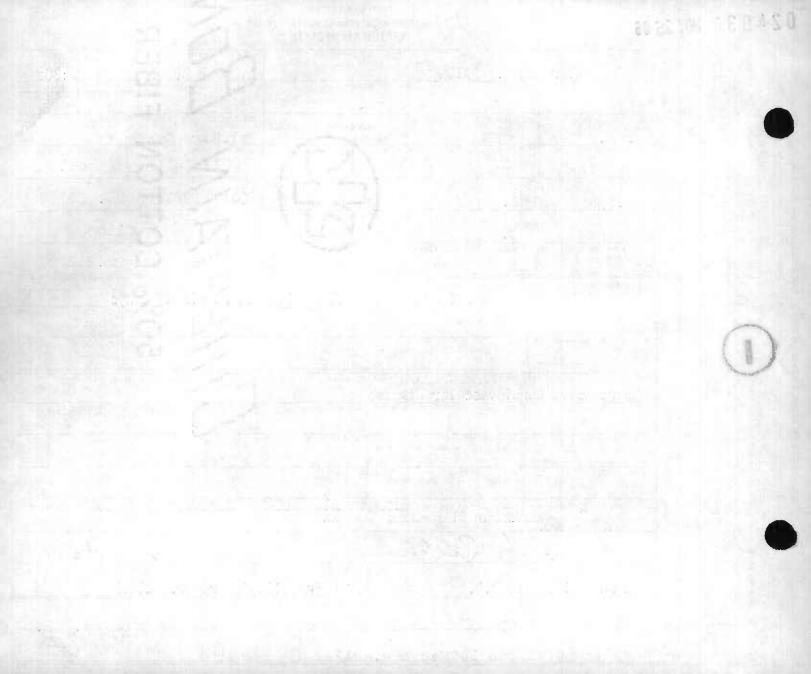
23c. NAME OF CEMETERY OR CREMATORY

9000 Franklin Square Dr., 21237 23d. LOCATION CITY OR TOWN

STATE

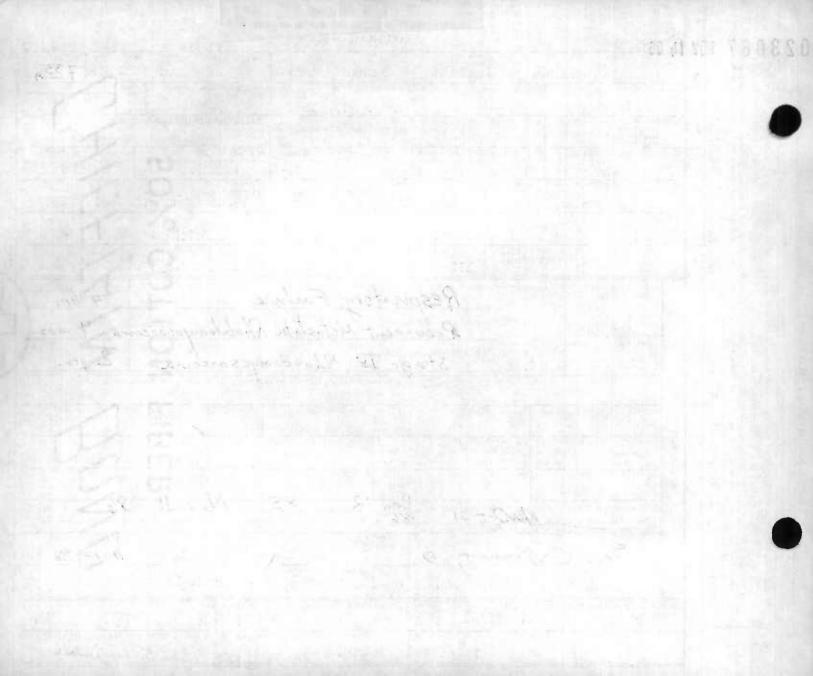
24 FUNERAL DIRECTOR ConnellyFuneralHome 300MaceAve.

HollyHillCemetery MiddleRiver Balto



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG NO ECEASED NAME TYPE OR PRINTS Michael Pursley, Jr. Nov. 1986 Louis 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) SEK. 5. DATE OF BIRTH IF UNDER 24 HRS YEAR White Male 17 1965 Nov. . BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore County Maryland WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Student Education 14306 Dairydale Road Sweet Air 14306 Dairydale Rd., 21013 Baltimore Sweet Air Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Tabor Michael Pursley, Sr. Carlotta Louis Patricia 21013 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES GIVE WAR OR DATES! Michael L. Pursley, Sr., 14306 Dairydale Rd. 212-62-5850 8 CAUSE OF DEATH Enter only one cause per line for 1906, and 10 PART I. DEATH WAS CAUSED BY hr IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. Rhab domyos arcome CATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC) CITY OR TOWN STATE NOT WHILE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF 11-10-86 Johns Hopkins Hospital Lewis C. Strauss, M.D. 234. NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem. 23a BURIAL, CREMATION, REMOVAL Md. Burial 11/11/86 Balto. Imonium 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 10 W. Padonia Rd. die Diridion Pandale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 1 STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (TYPE OR PRINT) RVEL G. 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX DEC. 6, 1906 YEAR WHITE 79 FEMALE 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND USA WIDOWERS BALTIMORE_COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR TEACHER WORKING LIFE BALTO. CITY BALTIMORE COUNTY GEN. HOSP. RANDALLTOWN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 8019 MOLLYE RD. APT. D #21208 MARYLAND 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE MIDDLE RUBIN GOODMAÑ EMANUEL THERESA MARC J. STRAUSS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 214-40-6971 5 SHADOW CT. 21117 OWINGS MILLS, MD APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici.) PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinian death occurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23a. BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE BALTIMORE MARYLAND BURTAL NOV.30,1986 CHIZUK AMUNO SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 15h. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1986 6010 REISTERSTOWNN RD. BALTO., MD 21215 (VRA 15, 4)

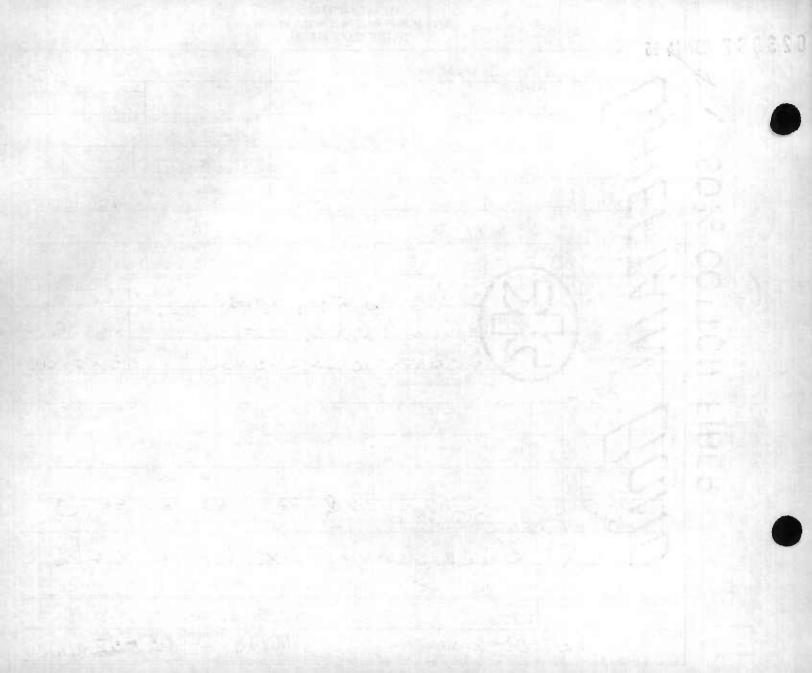
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STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

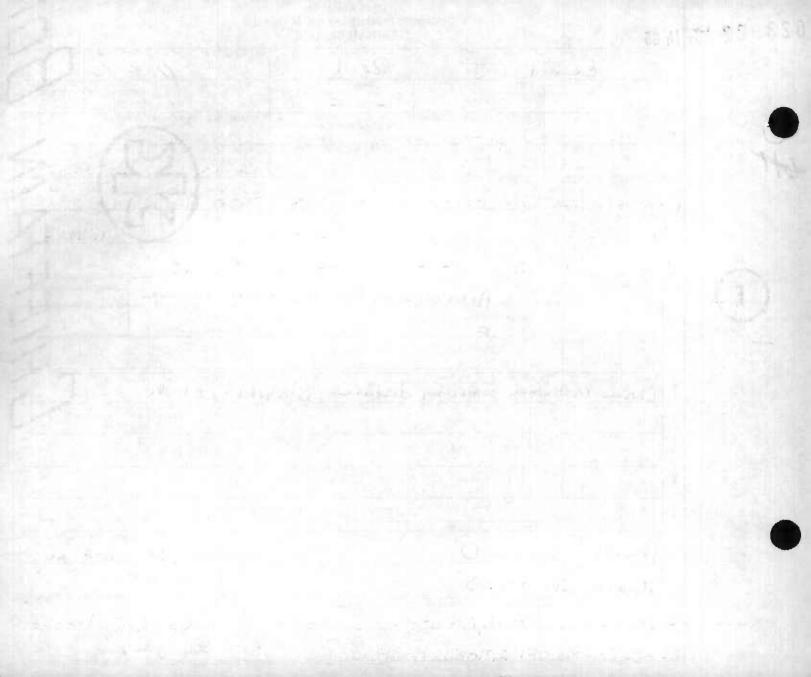
Marin Widefeld 10 W. Padonia Road

250 PATE REGISTRAR 250 REGISTRAR'S SIGNATURE



(VRA 15, 4)

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8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

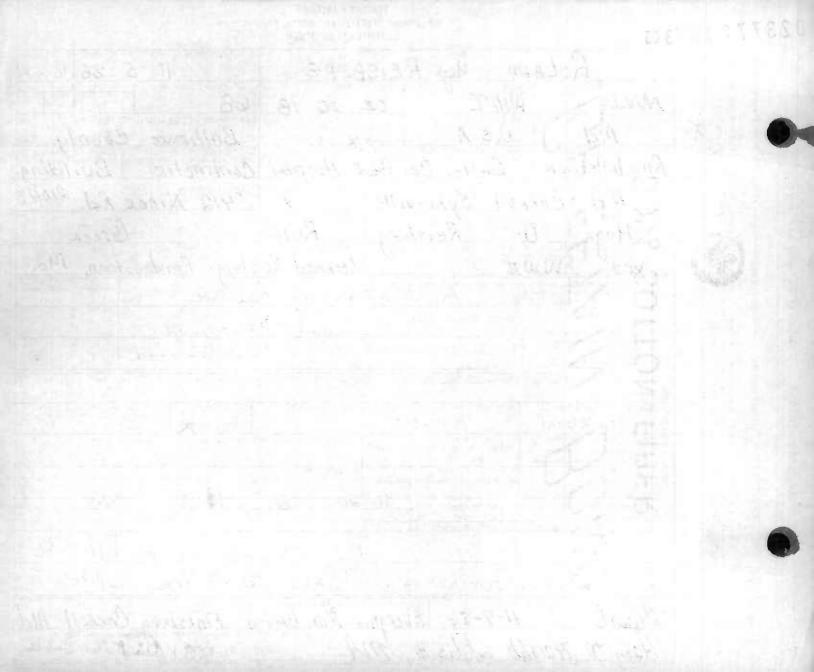
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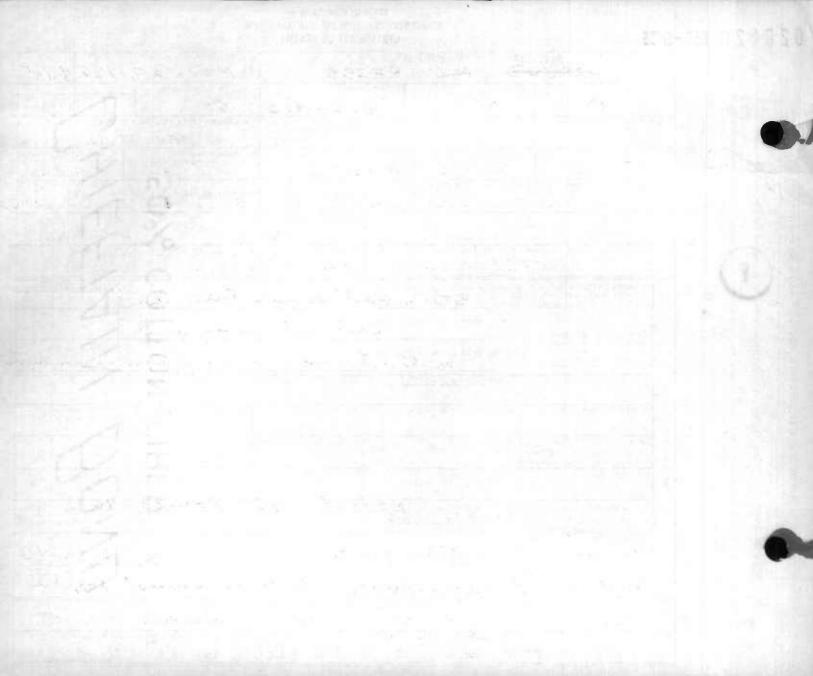
district schools .

Schemedia 194 Julian Rolos Land College College

STATE OF MARYLAND 023772 NOV DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 REGIS CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME (TYPE OR PRINT! 86 10.208 M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED A DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? NO M A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT YES, NO, OR UNK HOWN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter poly one couse per line to (0), (b) ond (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE,O Conditions, if ony, which gave rise to immediate mesotte liona couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ASCITIS. NOD NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE ·00 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove (H)(we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b 0 23C NAME OF CEMETERY OR CREMATORY MAJION REMOVAL 23b. DATE DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGISTRAR CERTIFICATE OF DEATH FIRST MYRON MIDDLE HAROLD 1. DECEASED NAME LITYPE OR PRINTI REIS 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR YEAR HITE 8-2-1926 TO BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY NEW YORK USA BALTIMORE COUNTY DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR IT CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RANDALLSTOWN BALTIMORE COUNTY GEN HOSP. SALES REP. FURNITURE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) APT. T-4 13a. STATE 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BALTIMORE, MARYLAND MARYLAND BALTO. RANDALLSTOWN 3500 CARR AGE HILL CIR. #21133 YEXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MURRAY REISS GAMERAL ANNA MRS. SALLYADREESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 3500 CARRIAGE HILL CIR. #21133 216-20-0221 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: W. PRESTON ST., IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate cause (a), stating underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN ON CERTIFICAT 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive an Nov. 30, above, (1) (we)(dig) (did nat) view the bady after death and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL FUNERAL (· a.m. PORTANT: 22e ADDRESS 0 730 BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL RANDALLSTOWN DEC.1,1986 BETH EL MEM.PARK BP LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO. MD 21215 (VRA 15, 4)



23

STATE OF MARYLAND

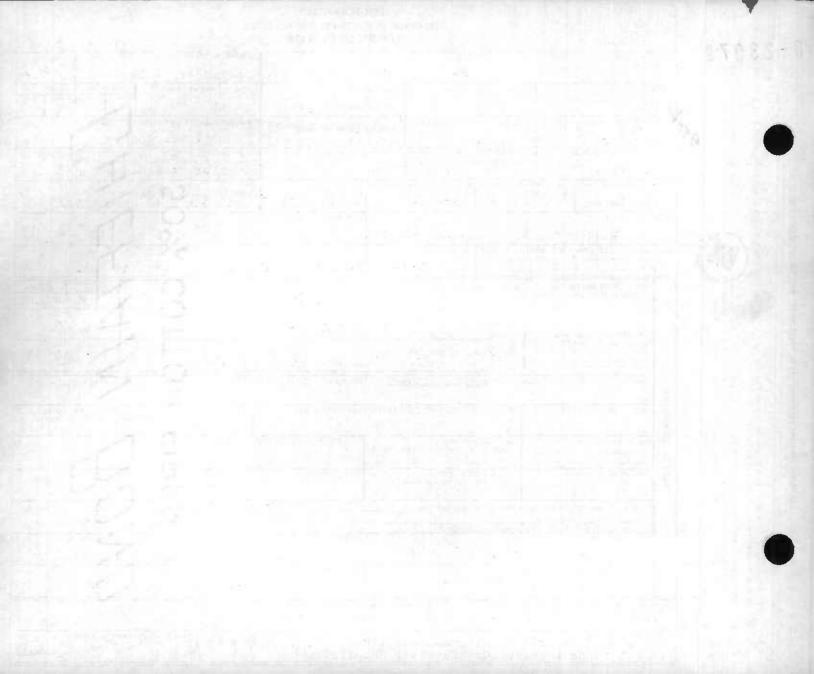
	1-	FOR STATE REGISTRAR		0 2								
	1. DEC	CEASED NAME FIRST	A	AIDDLE	L	AST	REG. NO.	DAY YEAR	2b. HOUR			
	(IYPE	OR PRINT) WALTE	R	R.	RIC	CHARDSON JR.	November 4, 19	86	130 AN			
	3. SEX	K	4. RACE		5. DATE C			IF UNDER 1 YEAR	IF UNDER 24 HRS			
	/ M	Male	Whit	e	Jani	uary 19,1920	66 YRS.	MONTHS DAYS	HOURS MIN.			
3	70: BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAAAAAAAA	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH				
3		Maryland	U.S.	Α.	WIDOWE		Baltimore Cou	nty	WE			
)		TY OR TOWN OF DEATH		HOSPITAL, NURSII H FACILITY, GIVE STREET Oak Hil	ADDRESS)	OR OTHER INSTITUTION	17a. USUAL OCCUPATION 17b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimon Director Of Finance County					
	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Bal		GIVE RESIDENCE BEFOR 134. CITY OR TOV Catonsv	VN	13d INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS / ZIP CODE 612 Oak Hill R		1228			
ア	14. FA	THER'S NAME Walter	MIDDLE R.	Richards	on Sr	15. MOTHER'S MAIDEN NA/ FIRST Elsie	WIDDIE	Grill LAS	,1			
		VAS DECEASED EVER IN U.S. AI		166 SOCIAL SECT	URITY NO.	17. INFORMANT	ADDRESS					
	Y	YES, NO OR UNKNOWN) (IF YES, GI	I I	212-03-	8867	Elizabeth R	ichardson Same	as # 13	3			
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		line for (a), (b), or	fension	+ Colexi		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH			
		IMMEDIA	TE CAUSE (a) DUE TO, OI	R AS A COMSEOU	ENCE OF	0		6	156			
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OI	RAS A CONSEQU		etastases	m Prima	61	186			
	TION						INAL DISEASE OR CONDITION GIVE	1				
	TIFICA	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		NGS USED OF DEATH? NO				
1	MEDICAL CERTIFICATION	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	18 PART I ORPART 2)				
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
		22a. I certify that (1) (this hospital) attended the deceased from 6/7, 19.56, to 19.56, to 19.56, that (1) sow the deceased alive on 19.56, and that in (my) (bur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (bird (did not)) in the body after death.										
,		22b. SIGNATURE	aletafia	6 m	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 11/4/					
		22d PHYSICIAN'S NAME (TYPE William Wat	e, MD.									
	İ	BURIAL, CREMATION, REMOVAL BURIAL BURIAL	11/7/8	36 C	ak Gr	emetery or crematory ove Cemetery	23d LOCATION CITYORTOWN Cooksville		ryland			
	24 FL Le 1 (uneral director erove M. & Russe 630 Edmondson A	ell C. Wi	tzke AD Frun	eral l	Homes P.A . 250. D)		RAR'S SIGNAT	URE - Randall			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending is should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar ren

MPORTANT: If hem 21 is morked or item 18 shows any

injury, or other troumatic ev



(VRA 15, 4)

ofide elel opt. 27, 1915 11 XX ABU siriariy jin Rossville Franklin Guere Ho pital Pachinist Core Cril Co. Md. ... Litimore Lasex x 1526 Williams Ave. 21221 39.0 steph strain ---- 236 C9 3755 Ver loin (i)fe sire are Durid] 11/24/86 Holly Hill Mesorial Garden Daltinore County, Hd.

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njury, ar other troumatic event, the

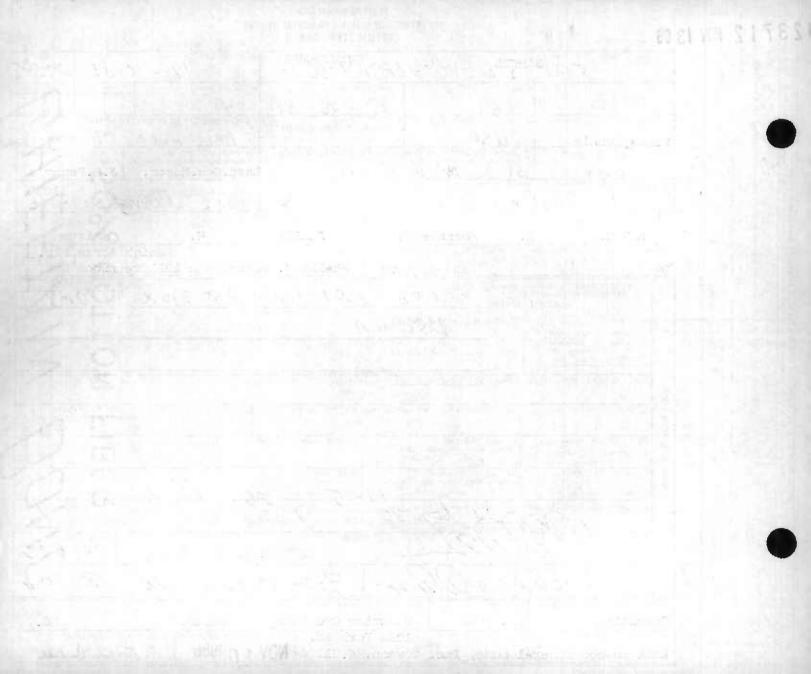
DHMH - 16 60M 7/84

(VRA 15, 4)

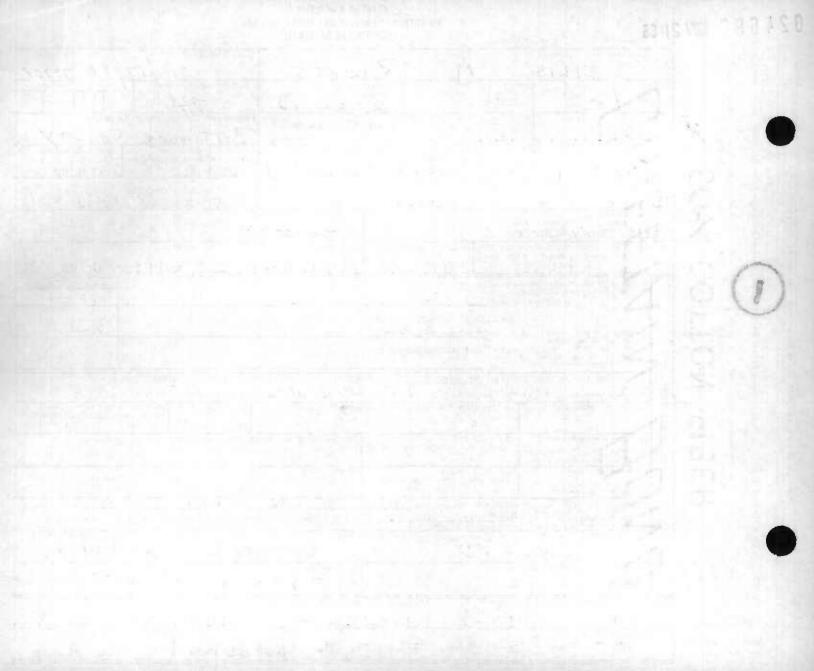
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

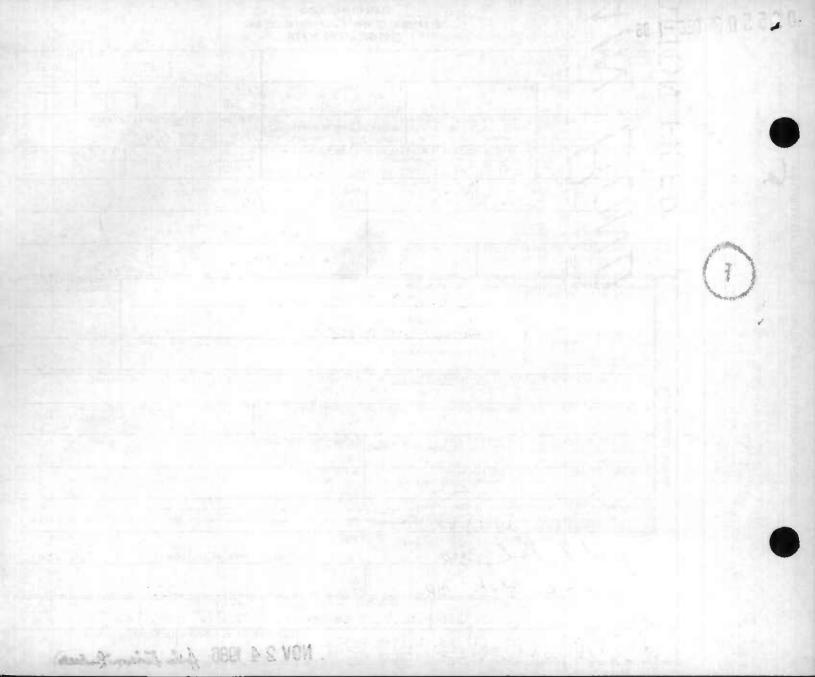
3	85-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH OFFICIAL STATE OFFICI									
)	1 DEC	CEACED MANE	AMUEL, MIDD		SARA	ROARABAUGH	20. DATE OF DEA	G. NO.	DAY YEAR	26 HOUR 0958 M	
	3 SEX	MALC	A. RACE CAU.	AU. S. DATE OF BIRTH MONTH DAY YEAR OS 26 5/			6 AGE (IN YEARS L	AST BIRTHDAY) YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
and the last	(RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	MARRIE	NEVER MARRIED K	9 BALTIMORE C	AORE CITY OR COUNTY OF DEATH			
7		nnsylvania ITY OR TOWN OF DEATH TO WSO N	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF THE SPECIAL ST				12d USUAL OCCI (TYPE OF WORK FOR ASST. Gen	MOST OF WORKING	LIFE) INDUSTRY	12b. KIND OF BUSINESS OR	
	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN MAL		E RESIDENCE BEFORE ALL CITY OR TOWN DCKEGS V.		13d. INSIDE CITY LIMITS? YES NO S	13e.STREET ADDR	RESS / ZIP COIL	vist A, C	21030 /RC/B	
)	14. FA		MIDDLE RO	arabaugh		Stella	ME		Edmis	ton	
1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES							,Fla,33936 Ave.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line D BY: E CAUSE (0)	for 10), (b), and 1	cu)	AN). IN	FAR	FIOK	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (IVEN IN PART 1								
?	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY YES TO NO	? 20b. IF Y	ES, WERE FINDIN	NGS USED	
7		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	VIII	MONTH DAY	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART OR PART 2]	Ser	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF LAT HOME STREET,				u /	COUNTY	STATE		
		220.1 certify that (1) (this haspi saw the deceased alive above, (1) (we) (chd) (did	YOU!	679		d that in (my) (arr) apinion	death occurred an	the date and ho		that (I) (we) lost couses stated	
		22b. SIGNATURÉ	22c DATE	SIGNED ST							
/		228. PHYSICIAN'S NAME (TYPE OF	ARO	0)/13/9	PS	7600 O	SLER	OR	2,	1204	
	Cr	BURIAL, CREMATION, REMOVAL (SPECIETY) 'emation	236 DATE 11-7-86			ew Crematory	23d LOCATION CITY OR TO Balt	wи О •	COUNTY	Md.	
		UNERAL DIRECTOR NAME ICK Towson Funer	al Home	ADDRESS		ork Rd. 250. DAT NO. 21204	FEREC'D. BY REGIS		TRAR'S SIGNAT	URE	
	LVU	for TOMPOUT LAUGH	ar nome,	TILC. TOV	ADOTT	THU. STAUE ITU	1 1 200	The winds	STATE OF THE PARTY OF THE	The state of the s	



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		CEASED NAME	FIRST		AIDDLE		AST	E1107	20 DATE OF DEATH	MONTH, DAY	YEAR 26. H	HOUR
oy be	(1116	EL	LIS		M	Ko	pert	S		1/17/	186 7:	26 PM
900	1.5E)		4.1	RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	HDAY)	UNDER I YEAR IF UN	NDER 24 HRS
9 e 4	-	MALE	1	White		2	22	12	74	YRS.	VIII3 DATS HOU	KS MIN.
8 51	Jh. 81	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	TRY? B.	NEVER A	AARRIED 🗆	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
40 85 PV	Co	lumbia, S.	C. I	U.S.A.		WIDOWE		ORCED [Baltino	ore '	Count	X MD.
1 11 20	10. CI	TY OR TOWN OF DEA	TH 111.	LENOT IN SUC	HOSPITAL, NU	JRSING HOME (STREET ADDRESS)	ROTHER INST	ITUTION	120 USUAL OCCUPATI		12b. KIND OF BUS	INESS OR
0 0 10	-	TOW50	n/	87.1	Jose	eph T	JOSP	ital	Machinist		Foundry	/
12.12 how	15U, 13a. S	AL RESIDENCE (IF NURS	NG HOME OR OTH	HER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CI	ITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
ANG P 24		ryland	and the state of t		Baltin	nore	YES 🛣	NO 🗌	2280 Drui	d Park	Drive 2	21211
With with		THER'S NAME	MIDI		LAS			FIRST 1			LAST	
M. be die		llie Moody				•		Campb				
BALTIMORE, MARYLAND one be executed within 24 yricon and completely fille ppers. Pages front 3 femilie vol. it, the medical ex-		VAS DECEASED EVER	(IF YES, GIVE W			SECURITY NO.	17 INFORMAL		ADDRE			
TIM S. Po		Yes	WW II		250 0	9 2380	Mary E	. Robe	rts 2280 Dr	uid Par		
ST., BAI		18. CAUSE OF DEATH PART I. DEATH W.	AS CAUSED B	one couse per IY:	line for (0), (b	o), ond (c).)					BETWEEN ONSET	AND DEATH
ng p bong rem			IMMEDIATE C	AUSE (0)	2p515	2					480	
he death ten ne attending i emove carbon motion, ar ren					n ()	EQUENCE OF					3 weeks	
PRESTO e deat move c notion, traum		Conditions, if ony, gove rise to imm	rediote	, (5)		rubenia					June	
W. of the state of		couse (0), stoting underlying couse		DUE TO, OI	R AS A CONS	EQUENCE OF						
20 nned ple vrio		PART 2. OTHER SIGN	IFICANT CON	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 Affaws ony injury	ON	1) Sergures	2) (2	eval foul	ve 3)	Alepatic	failine	4) (ar	die arrhy	Imias		
bee prior	CAT	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		VERE FINDINGS L	
PHYSICIAN: The Icending physicion. This certificate has the burial-stransit per and Mental Hygiene and Mental Hygiene and ar item 18 fraws	CERTIFICATION								YES NOT	YES] NO	
N OF VITA SICIAN: The oppositions certificate ental Hygie frem 18 sfr		210. ACCIDENT WAS UND		21b. TIME O HOUR A.		DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TE PART	T OR PART 2)	
SIC1A ng p certif urial-titem	ICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.,		19					HITTO X	
PHY endii this he bu	MEDICAL	WHILE NOT WH		21e. PLACE (FFICE, FARM, ETC)	211 LOCATIO	ON	CITY OR TO	WN	COUNTY	STATE
DIVIS On offer 11 After 11 After 11 morked		AT WORK AT WOR	ik .			11/21		5/	(11.5		~	
DR: Joseph He is is		sow the decease	(this hospital)	offended the	deceosed to		nd that in (my)	19.06	death occurred on the de	nte and hour a		(I) (we) last
RECTO hed for them 2 if th	JA.	obove, (I) (we) (d	lid) (did not) v	iew the body	åfter deoth.		DEGREE	(55.7 5)	seem seemed on the di	ore one noor o	22c DATE SIGN	
0 0 6	- 34	Lean	- Jes	le N	0		A	TTENDING	MEDICAL STAI	FA	11/17/0	-1
PITA by By LERA Stot		124 PHYSICIAN'S NA	METHICAN	mili			22e ADDRES	S	DIRECTOR PHYSIC		1 1/1/1	-
TO HOSPITAL Cretoined by the TO FUNERAL Eshauld be detained with the Stote EliMaportant: if		HENRY F	ESSLE	R			Respirat	tury avi	sion, John Hop	Len Hos	pital Batt	more mi
of of short with the short of t	23a 6	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	0		
BP		Specify) Burial		11-21-	86	Elmwood			Columbia.	Richla	and Co	S. C.
DHMH - 16 60M 7/84	24 51	INFRAL DIRECTOR							E REC'D. BY REGISTRAR			-
(VRA 15, 4)		urgee - He	uss ru	neral	Home,	Baltimor	e, Md.	NO,	i 2 0 1986	John Di	ordern Pans	lace



-025503 DEC -1- 867E STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) ANNA 4. RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY female YEAR white 68 Mar 24, 1918 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Kent Co. Maryland USA USA | WIDOWERS DIVORCED BALTIMORE COUNTY 18. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TOWSON Housewife GREATER BALTIMORE MEDICAL CENTER USUAL RESIDENCE (IF NUR IN THE DROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland 403 Croyden Rd. 21212 City YESXX NO [Baltimore 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST James A. Smith Katie Hendrix ADDRES 230 Warren Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN Katie King Newman (IF YES, GIVE WAR OR DATES) 214 12 6057 Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. METASTATIC CANCER TO BRAIN IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF (b) PRIMARY LUNG CANCER Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOF YES [NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 50 STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ld be deto 11/16/86 PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT: SICIAN'S NAME 22e ADDRESS HOCK Shoul with Jacob 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Chestertown, Md. Burial STATE Nov.19, 1986 Chester Cemetery 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 JapresWillis Wells (VRA 15, 4) Chestertown, Md.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

479	DECEASED NAME FIRST	MIDDLE	I.A.	ST	2a. DATE OF DEATH	MONTH	DAY Y	EAR 26 HC	VI ID
	Lewis		BINSON		November	15	1986	6:	
3.3	SEX	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST B		IF UNDER		ER 24 HRS
t	Male	White		ber 28, 1921		5 YRS		DAYS HOURS	MIN.
7n.	BIRTHPLACE ATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8	T NEVED WARRIED [9 BALTIMORE CITY			TH	
	Penna.	U.S.A.	WIDOWED		Baltimor	e Co	unty		MD.
Mai,	Rossville 21237	11. NAME OF HOSPITAL, NURS (IENOT IN SUCH FACILITY, GIVE STREE TRANKLIN SQUE			12a USUAL OCCUPA (Type OF WORK FOR MOST Iron Work	OF WORKING	G LIFE) 126 K	IND OF BUSH STRY ONSTRU	vess or ction
134	UAL RESIDENCE (IF NURSING HOME OF 13b. COUN Balt	VITY 13L CITY OR TO		13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CC	Point	Road	2122
_	EATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ΛΕ	lank		LAST	
160	WAS DECEASED EVER IN U.S. AR			17. INFORMANT	ADD	4			
	Yes WW.	174 14 L	+548	Iris A. Robi	nson	(5	ame)		
CERTIFICATION		DUE TO, OR AS A CONSEQUENCE ON THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR WHICH THE	othermi	NOT RELATED TO THE TERMI	and bone in inal disease or con 200 autopsy? YES NOT	20b. IF Y	GIVEN IN PA	INDINGS US USES OF DE	ATH?
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE tal) attended the deceased from	19 FARM, ETC.) November 19	that in (m) (aur) apinian d EGREE	city or 1	_{оwн} r 15	coun , 19_8 naur and frai	17y 6, that y /	
				ATTENDING					

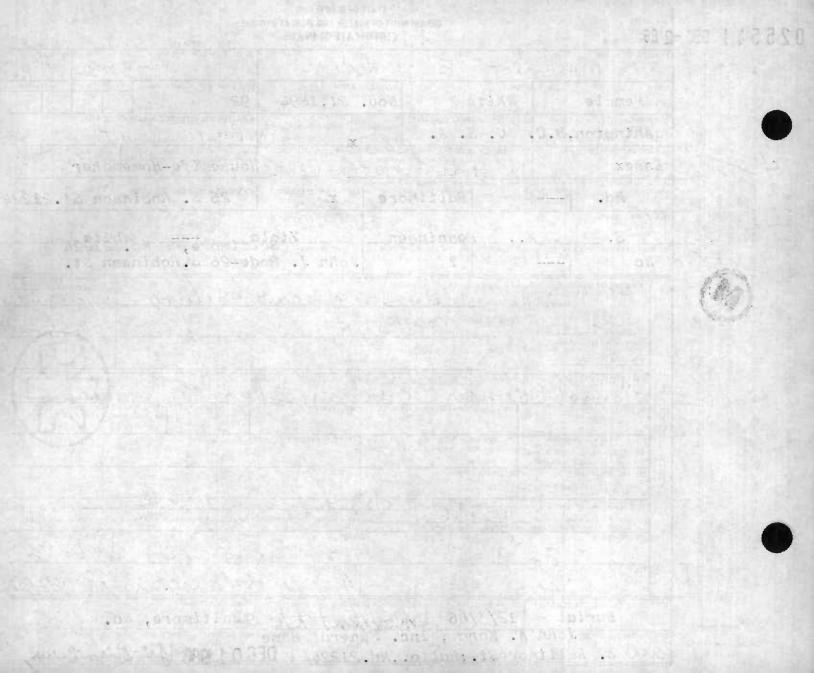
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 GSTATE CERTIFICATE OF DEATH LAST 1. DECEASED NAME 26 HOUR TYPE OR PRINTS ARGARET 3 SEX 5 DATE OF BIRTH IF UNDER 1 YEAR NOV". 21, 1894 Female White TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vashington.D.C 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TOUS ewife-Homemaker Essex 13. STREET ADDRESS / ZIP CODE Son St. 21224 Ball Timore Md. YES P NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOI Penningen Baltimore DRESS Ma. 21224 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) John J. Rode-26 S. Robinson St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the decaased from saw the deceased alive an. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME 22e ADDRESS 23L NAME OF CEMETERY OR CREMATORY Baltimore, Md. 12/3/86 BP 24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral DHMH - 16 60M 7/84 3000 E. BaltimoreSt.: Balto. Md. 21224 Aulia Teridon Pandall (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 12b. KIND OF BUSINESS OR Master Craftsman Woodworking 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 4410 FAlls Road 21211 Mammie Porter Bloomington, Indiana 47401 Frederick D. Roemer 4790 West Woodlawn 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Baltimore

166 SOCIAL SECURITY NO

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MONTH DAY YEAR

21f. LOCATION

17 INFORMANT

CITY OR TOWN

COUNTY

DEGREE

ATTENDING PHYSICIAN PHYSICIAN

22c DATE SIGNED

22e ADDRESS

660 Kenilworth Drive, Towson 21204

23a BURIAL, CREMATION, REMOVAL
Burial

12-03-86

Lake View Memorial Pk Sykesville, Maryland

(aur) apinion death accurred on the date and hour and from the causes stated

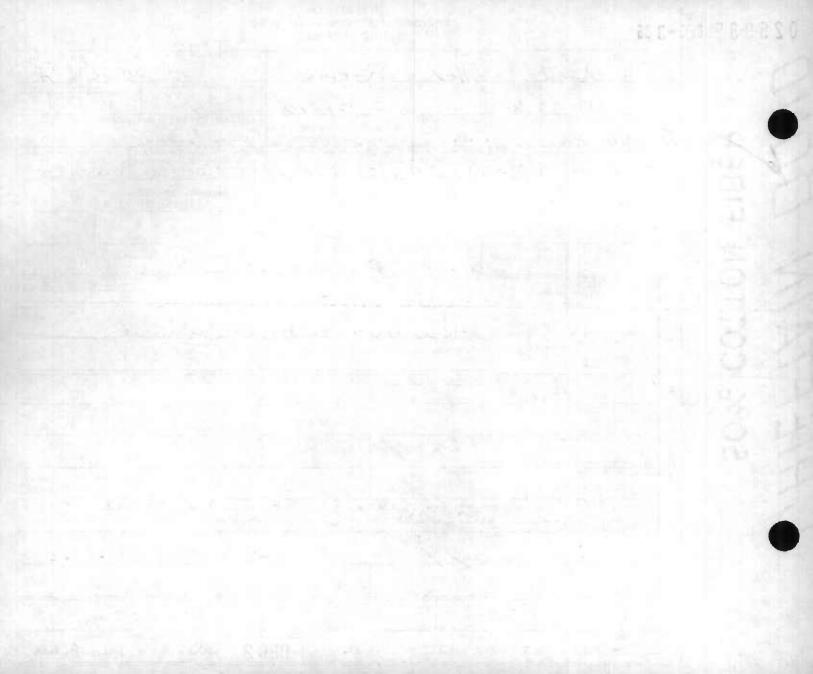
25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

1986

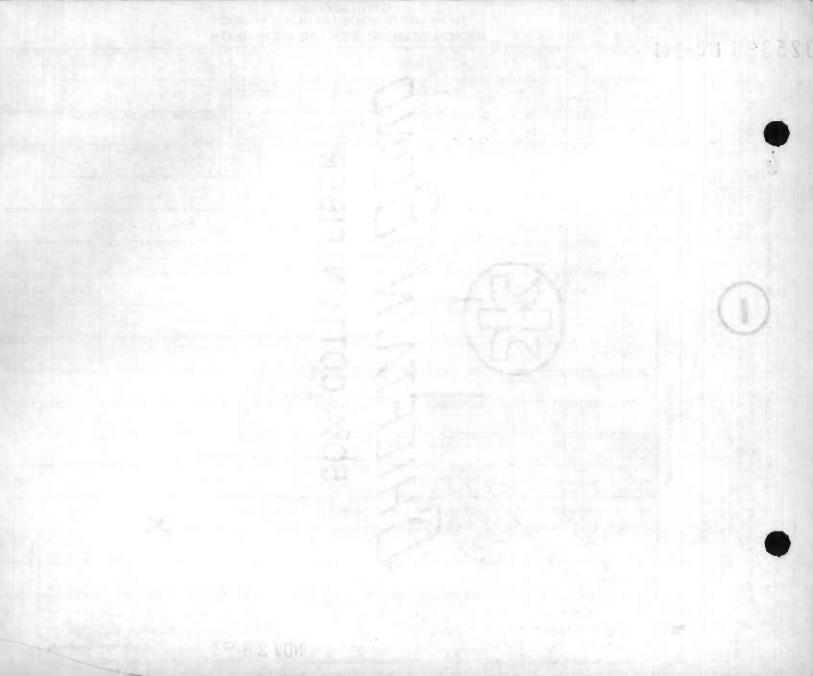
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, Baltimore, Md.

Aulia Dividson Pandall



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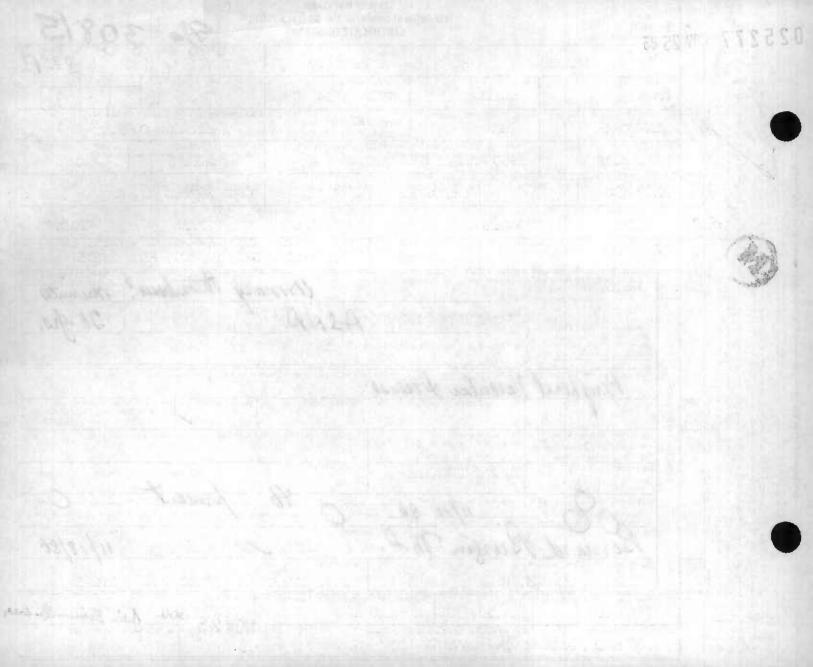
STATE OF MARYLAND

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14/26/1986 Most Holy Rednesses Bulkimore City, Moryland

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HORE,	YES NO OR U	ASED EVER IN U.S. IKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 100-09-9		17 INFORMANT MRS. 6980 MARSUE		ROSENBLATT BALTO., MD	APT. 21215	
	Conditio gove ri couse		DUE TO, C	PR AS A CONSEQUE	ENCE OF	ASH.D.	nary	Montoxis	20	ATE WITERVAL NISET AND DEATH MULLS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., of PHYSICIAN: The law requires that the death certificate has been signed by the attendir on as the burial-transit permit. Then please remove cortain th and Memal Hygiene prior to burial, cremation, at emored or them 18 staws any injury, or other traumatic residence.	TOTAL STATE OF THE	OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF NOTIFY MEDICAL EXAMI	19b. COND 19b. COND 19b. TIME C HOUR A HOUR A P. 21e PLACE	ILAN DI	AY YEAR	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	200 AU	20b. IF YES IN CERTIF' YES	, WERE FINDING	GS USED OF DEATH? NO
ITAL OR ATTENDO by the hospiral of the hospiral of the hospiral of the detached for use the Diece Dept. of Heal	22a I cert saw oboy 22h 5tGN	NOT WHILE IN THE STATE OF THE S	Sur	11/10/19 8		d that is (m) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICA		9, th ond from the co	
TO HOSP retained to TO FUNE should be with the S	23a BURIAL CR	RNARD BUR			NAME OF C	3809 CLARK		BALTO., MD	21215	
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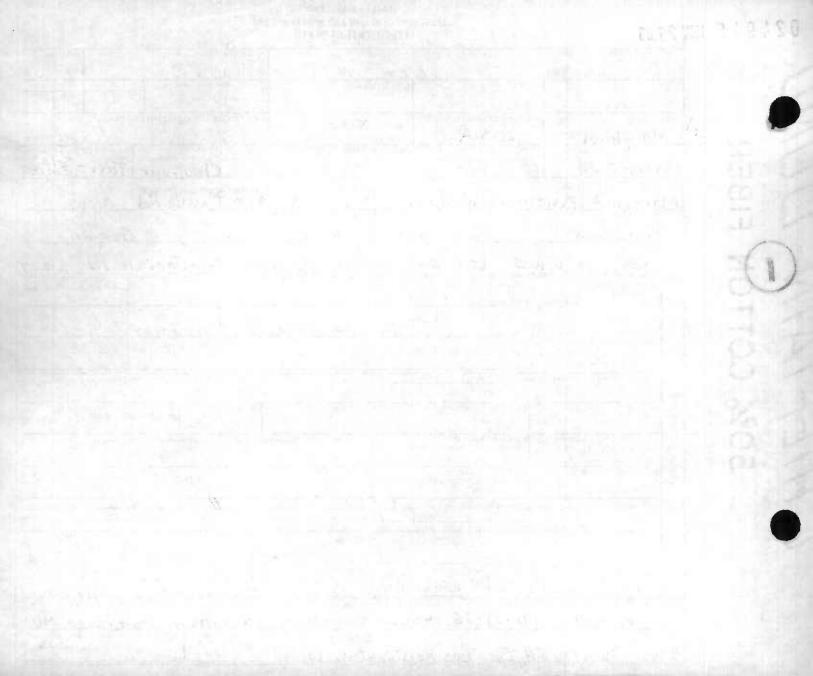
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	29	REDISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	30310
1		CEASED NAME FIRST	MIDDLE	i	AST	20 DATE OF DEATH MONT	TH DAY YEAR 26. HOUR
4	11112	Simon	Re	sen	that	17 NOV 80	700 pm
	3. SEX	(4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
-		Male	(aucarian)	16	2 23 08		YRS
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	9 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
	1	Jaryland	U.S.A.	WIDOWE	DIVORCED	Baltime	LE COUNTY MD.
4	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATION 1(TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY
4	Kar	rdallstown	Meridian NU	MANGE	Cth-Kandals	HOLDI Chauffe	eur Taxi Emp.
-	13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFOR		134. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP	CODE
1	M		timore Woodal	un	YES NO 🔏	3410 Janvale	Kd 21207
7	14. FA	THER'S NAME	MIDDIE 1AST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	IAST
-		Benjamin	Mosenti	hal	Appa	ADDRESS	Goryon
1		17-7	E WAR OR DATES)	Q. Dan	17 INFORMANT		1.1.01
/		YES W	W4 318-14-	10 134	Vigreia Nosen	thal 3410 Ja.	
		18 CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE	ally one couse per line for (a), b) ar	nd (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	un	monh	7	1 aas
3			DUE TO, OR AS A CONSEQU	JENCE OF		1/101.1	and la what
		Conditions, if any, which gave rise to immediate	(b)	SAN	masure	2 min	mr 6 75
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	JENCE OF			
		PART 2 OTHER SIGNIEIC AND C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CONDITIO	ON GIVEN IN PART 1/2
	20						
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
7	TIFF					YES NO	YES NO
5		210. ACCIDENT WAS UNDERLYING	THE PROPERTY OF	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
7	CAL	OR CONTRIBUTING CAUSE OF DEA	AIN .	19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	-	AT WORK AT WORK					
			ital) attended the deceased from.	0/	19/5		, 19 16, that (I) (we) lost
		obove was did by no	19_ by view the body after death	00		leath accurred on the date of	nd hour and from the causes stated
		226. SIGNATURE		1	DEGREE ATTENDING _	MEDICAL STAFF	224. DATE SIGNED
_		22d PHYSICIAN'S MANY (TYPE O	OR PRINT)		22e. ADDRESS	DIRECTOR PHYSICIAN	1 1/7/4
	é.	LLMO	0 1 (000)	NID	(3/1)	MIN COUL	1- 100
-	23n B	URIAL CREMATION, REMOVAL	236. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d. LOCATION	100011/12/15
		SPECIFY) REMOVAL		ebreu	1	CITY OR JOWN	COUNTY) STATE
	24 FL	UNERAL DIRECTOR	1,, 10 00 1/10	VIEW		REC'D. BY REGISTRAR 256 F	Baltimore MD REGISTRAR'S SIGNATURE
	11-	NAME AL MALE	ADDRESS	.4.	TI PI NO		they die makendaris

DHMH - 16 60M 7/B4 (VRA 15, 4)

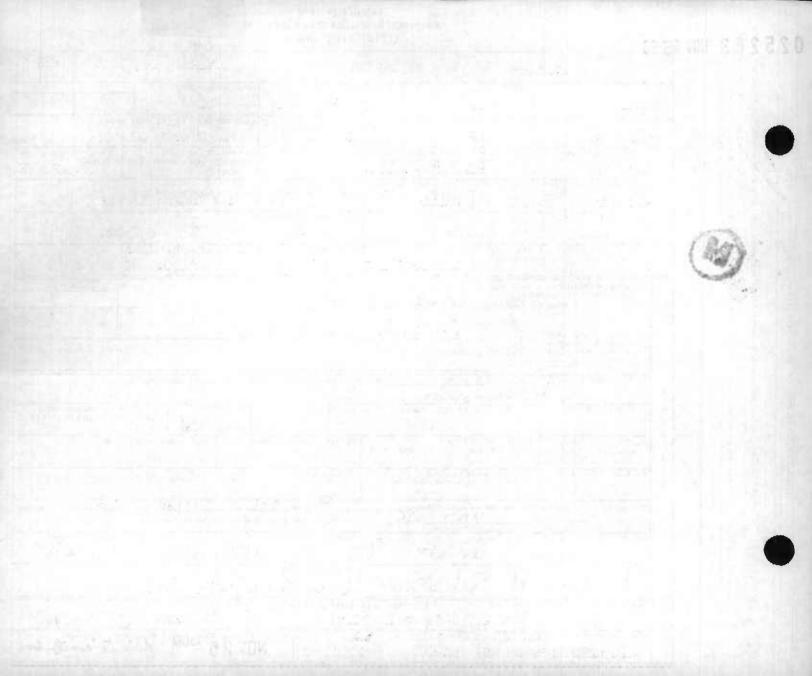
BP.



STATE OF MARYLAND 023501 NOV MG DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME FIR5T 24 DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DELAY'S NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BEFLED, WITHIN 72 HOURS. DE, 30 W. PRESTON STREET, C. John Ruby 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE OF BIRTH 1:57 DATE LAST BIRTHDAY PRONOUNCED 186 DEAD P. M 36 YRS Male White 1950 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE O MARRIED WINEVER MARRIED Maryland USA WIDOWED DIVORCED Baltimore County, ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Franklin Square Hospital Rossville Insurance Salesman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Iso. STATE Md. DOCTO 136 SIREELADDRESS 1460 Hadwick Drive 21221 Balto. ESSEX 13d. ENSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rubv MIDDLE Blanche Pittroff James 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 216-52-3071 Denise Ruby 1026WatersideCt. 21040 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF DED AS A BURIAL - TRANSING OF HEALTH AND MENTAL H Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFFER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURI YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural couses X Homicide Undetermined monner deoth resulted from TITLE (SPECIFY) M Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Parkwood Cemetery | Parkwo-|236. Date REC'D. BY REGISTRAR 11/8/86 Buria] Parkwood Balto 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Connell VFuneral HomeFOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENI	
CERTIFICATE OF DEATH	0

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	0 0 0	3.	SEX			4 RACE			5. DATE C			E (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	a de la		DE	MALE		WHIT	Ε		M	AY 29, 1964		82	YRS	MONINS	HOURS MIN.
_	2 62 6	72	. BIR	THPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUN	TRY?	8.	NEVER MARRIED	9. BA	LTIMORE CITY	OR COUNT	Y OF DEATH	
	1/1/2	2	MA	RYLAND		US	SA		WIDOWE	DIVORCED		BALTIM	ORE CO	UNTY	MD.
	1 1 1	11) CIT	Y OR TOWN OF DEA	ТН		HOSPITAL, NE			R OTHER INSTITUTION		ISUAL OCCUPA		12b. KIND C	F BUSINESS OR
85	A A CY_	4	450	KESVILLE		M.	ILFORD	MAN	IOR N	.н.		AGENT		REAL	ESTATE
102	24 hou	3		RESIDENCE (IF NURSI ATE RYLAND		OTHER INSTITUTION OTY	13c. CITY OR BALTY	TOWN	DMISSION)	13d. INSIDE CITY LIMITS		REET ADDRESS	S / ZIP COD	#2120	7
T.	1 1 17	1		HER'S NAME						15. MOTHER'S MAIDEN		017 2.10	LL LITT	110200	
MAR.	Cal.	1		JACOB		RO	ODBELL	r		RACHE		WIDDLE		NOWN LAS	т
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•	AL DIR derocha			228. SIGNATURE	lad) K 2	the	0	U	DEGREE ATTENDIN PHYSICIA	IG MEI	DICAL ST	AFF SICIAN [22c. DATE	30/86
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	BP			BURIAL		NOV.21			ITZ C			BALTIM		MAR	
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	(VRA 15, 4)			6010 REIS	TERST	OWN RD.	BALT	0.,1	AID CIL	21215	INOA	25	Sin.	in white	V. Karmer



Void Certificate #86-30819

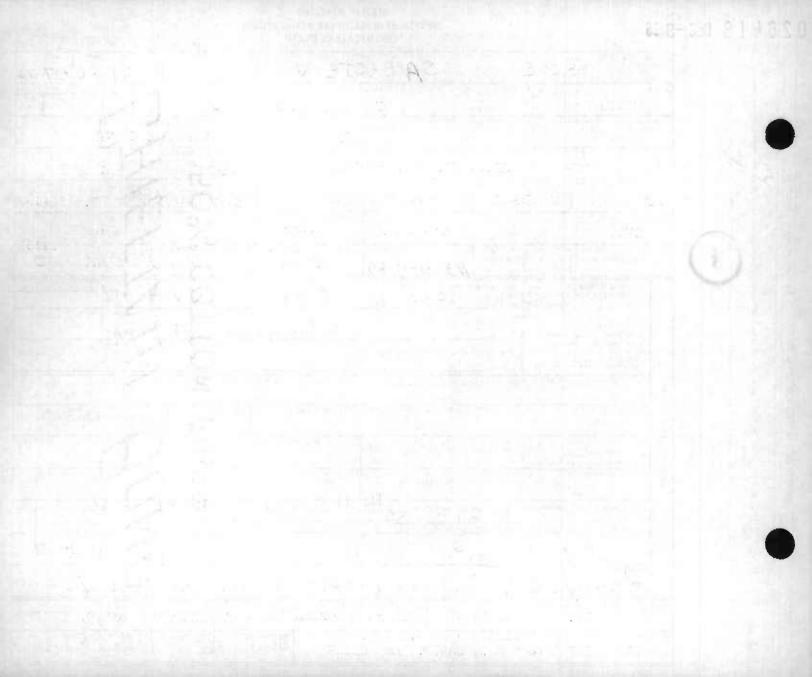


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ua Devideon- Fandace

6010 REISTERSTOWN RD., BALTOES, MD

(VRA 15, 4)



Duria 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

025095 NOV 25-08

FGISTRAR

ESHEG NO. Je DATE OF DEATH THE HOUR

BALTIMORE-CITY OR COUNTY OF DEATH

17% KIND OF BUSINESS OR INDUSTRY

13. STREET ADDRESS / ZIP CODE E. Balto. St. 21224

GNR.

Kose 3301 E. Balto. St. 2122

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 28s IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

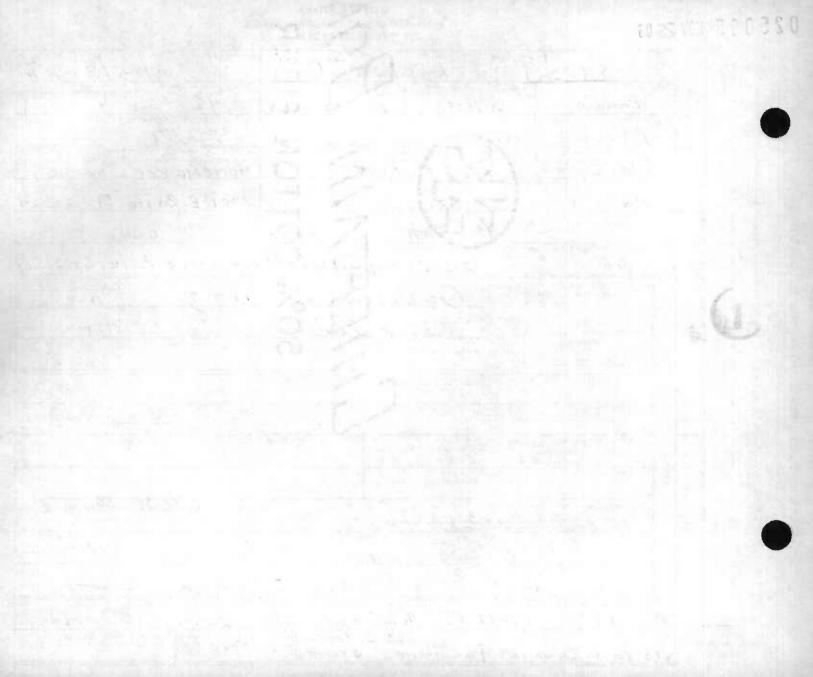
THE HOW INJURY OCCURRED. CONTRACTOR OF HARD AND AND PARTY OF PARTY.

COUNTY

off) obinion death accurred on the date and hour and from the causes stated

STATE

COUNTY Md ONICH 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE



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STAT	LE OE	MARYL	AND

	1	STATE REGISTRAR		DEPARTA		TEALTH AND MENT				0 2	9 3
i		CEASED NAME FIRST	0	MIDDLE		LAST	12	REG. NO	MONTH DAY	YEAR	2b. HOUR
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	3 SE		4 RACE	INDERS	5. DATE O			AGE IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
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d		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9	BALTIMORE CITY OF	R COUNTY OF	DEATH	
2	M	aryland	U.	S.A.	MARRIE	D NEVER MARRI	ED 📙	Baltimore -			
į		ITY OR TOWN OF DEATH				OR OTHER INSTITUTI		2a. USUAL OCCUPATION		7h. KIND OF	MD. BUSINESS OR
j	À	-SCEX		HEACILITY, GIVE STREET		nital		Type of work for most of Domestic	WORKING LIFE)	NDUSTRY	
100	USU	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION			broar		Domestic		Retire	
	13a S	STATE 136 COUN	VIY	13c. CITY OR TOW	N	136 INSIDE CITY LI		Se.STREET ADDRESS /		A in A	21218
		aryland ATHER'S NAME		Baltimo	re	YES NO		123 West 2	9th St.	Apt.	TOK
J	7	FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAST	
J	11 - 11	Albert WAS DECEASED EVER IN U.S. AR	HED EODCECO	Brown		Oris		ADDRE		Demby	
2	p (1	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	16h SOCIAL SECUI		17 INFORMANT					
1		No		217-18-0	473	David S	aunde	rs 9832 Ma	tzon Rd		
9		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line far (o), (b), and	lic ·		430×			APPROXIM BETWEEN OF	NATE INTERVAL
ĺ		IMMEDIAT	E CAUSE (a)	Cardiopul	monar	ry Arrest;	Mult	iple Myelo	ma and		
Ì			DUE TO, O	R AS A CONSEQUE	NCE OF	Plasmocyt	ana				
i		Conditions, if any, which				ocytopeni		ukonenia	1		
١		gove rise to immediate cause (a), stating the	1	R AS A CONSEQUE		ocy copen i	a, LC	anopenia	SEPTEM 1		
1		underlying couse last.	1		ena 1	Failure			No.		
١		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR COND	ITION GIVEN I	N PART I/a	
	CERTIFICATION										
7	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h IF YES, W	ERE FINDING	GS USED
	TIFE		19 13c V					YES NOX	IN CERTIFYING	CAUSES C	NO
1	CER	21a ACCIDENT WAS UNDERLYING				21c HOW INJURY	OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
١	AL	OR CONTRIBUTING CAUSE OF DEA	arri -	M. MONTH DA M	Y YEAR						
١	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION					
ij.	×	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TOW	VN	COUNTY	STATE
1		AL WORK									
		72a. Leartify that & (this hasai	tal) attended th	e deceased from	Sente	mbar 12 10	86	Movembon	2 10	06 4	
		22a.1 certify that X (this haspi saw the deceased alive an	Novembe	e deceased fram	Septe	mber 12, 19, and that in XiX) (our)	86 apinian dec	, to November	3 19_	86, th	nat X (we) last
		12a.l certify that X (this haspi saw the deceased alive an obove, X (we) (did) (X 公本 17b. SIGNATURE	November	e deceased fram	86 <u>'</u> . or	mber 12, 19, and that in X-X (our)	86 apınıan dec	to November of the do	3 19_ te and have an	d fram the co	ouses stated
		saw the deceased alive an above, (X (we) (did) (X X X	Novembe	e deceased fram	86 <u>'</u> . or	DEGREE ATTEN	apınıan dec	MEDICAL STAF	te and have and	86 , the d fram the co	ouses stated
		saw the deceased alive an above, (X (we) (did) (X X X	Novembe	e deceased fram_ r 3	86 <u>'</u> . or	DEGREE ATTENI PHYSIC	apınıan dec	oth accurred on the da	te and have and	d fram the co	IGNED
		saw the deceased alive an obove, X (we) (did) (XXX) 77b SIGNATURE ACLES OF THE SIGNATURE	Novembe	e deceased fram_ C 3 19 after death.	86 <u>'</u> . or	DEGREE ATTENI PHYSIC 27e ADDRESS	OING	MEDICAL STAFI	te and have and	22c. DATE S	IGNED
	73.	saw the deceased alive an obove, **X (we) (did) (**X X X X X X X X X X X X X X X X X X	November 1) view the body AND A SP//	atter death.	86'_, or	DEGREE ATTENI PHYSIC 270 ADDRESS 9000 Fra	OING CIAN DE	MEDICAL STAFI DIRECTOR PHYSICI	te and have and	22c. DATE S	IGNED
	- (saw the deceased alive an obove, X (we) (did) (XXXX) 77b SIGNATURE FOR PHYSICIAN'S NAME, (1) PEO BURIAL, CREMATION, REMOVAL SPECIFY)	November 1 view the body R PRINTI R PRINTI R DATE	after death. 19	D.	DEGREE ATTENI PHYSIC 22e ADDRESS 9000 Fra EMETERY OR CREMA	DING CIAN CIAN	MEDICAL STAFI DIRECTOR PHYSICI Square Dr 234 COCATION	e and haur and	22c. DATE S 11-3-	ouses stated IGNED -86
		saw the deceased alive an obove. **(iwe) (did) **X*** 17b SIGNATURE FIGHT STATE 12d PHYSICIAN'S NAME (TYPE O SURIAL, CREMATION, REMOVAL	November 1) view the body AND A SP//	after death. 19	D.	DEGREE ATTENIPHYSIC 22e ADDRESS 9000 Fra EMETERY OF CREMA Memorial	OING CIAN CIAN	MEDICAL STAFI DIRECTOR PHYSICI	2123	22c. DATE S 11-3- 7	IGNED -86

DHMH - 16 60M 7/84 (VRA 15, 4)

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2122 Tre sll . Joes, Jr. 7. 11 . 6 5 635 ...vc.

Edenhofer Mrs. Anna May Lijewski 233 E. Padonia Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated FUNERA MPORT, 2 Greenmeadow Drive Timonium, Maryland Donald O. Wood, M. D. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL St. Pauls Cemetery Mosinee Marathon Wisconsin **DEC 86** 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Lowell Lemmon Padonia & York Rds. Julia Dandson. Pan (VRA 15, 4)

STATE OF MARYLAND

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025447 DEC -1586 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 DECEASED NAME 2h HOLIR LITYPE OR PRINTS Ethelyn S. Saxton November 20 1986 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. YEAR Female Caucasian July 3 1906 To BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED New York Baltimore County United States DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 3432 Abbie Place YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Maryland 13d. INSIDE CITY LIMITS? Bal Limore Baltimore 21207 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John William Smith MIDDLE LAST Effie Newton 17 INFAMEST A. ANNELLE SAXLONDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17314 166 SOCIAL SECURITY NO. LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Box 190 RA 2 219-44-5699 Delta Pennsylvania 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO I 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (III this hospital) attended the deceased from my) (dur) opinion death occurred on the date and have and from the causes stated above (In we) (did (did not)) by the body ofter death 22b. SIGNAPURE DEGREE ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAMI / PE OR PRINT) 22e ADDRESS Dr. Morton Ellin 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN 11/25/86 Cherry Creek Central Burial Cherry Creek 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc | 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 8728 Liberty Road Randallstown, MD. 21133

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1	130. 9	AL RESIDENCE (IF NURSING TATE 136	HOME OF OT			ORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 21 Tinker	ZIP CODE	21220	
	-	THER'S NAME	-4.20	23102 0	1120020		15. MOTHER'S MAIDEN NA			22220	
級政		Tom	Mu	llins	LAST		Laura	Be 11	Row	LAST	
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	I E	and the first						YES NO X	IN CERTIFYING YES	CAUSES OF	DEATH?
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of F		saw the deceased of	did not	Sept.	ofter dealing 19	V 6, a	nd that in (my) (aur) opinion	death occurred on the dat	e and hour and	from the cous	ses stated
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VRA 15, 4)	Br	uzdzinski Fy	nera,	Home	PA 1407	Old E	astern Ave.N(JV 24 1980	Julia De	ndern. Ka	indalls

Burisl 11/26/86 Carrison To est vet. Cer. Garrison Forest Caryland arundrinski Europal Some JA 1407 Cld Bastern Ave. W. S.A. K.S.

				STAT	E OF MARYLAND		
1 2 1 0 1104 10	ob	FOR		DEPARTMENT OF	IEALTH AND MENTAL HY	GIENE	
4 Z 4 O NUV 18	00	REGISTRAR		CERTIF	ICATE OF DEATH	AREG. NO.	0 3 7 5
	1. DE	CEASED NAME FIRST	WIDDLE		LAST		AY YEAR 26 HOUR
. 4 may be tar. page 3 after death	{TYPE	ORPRINT) ESTI+	ER	SCHON	FFLD	11 8	
may pa	3. SE.	(4. RACE	S. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		FEMALE	CAUCASIAN	N S MONIT	DAY YEAR	85 YRS.	ONTHS DAYS HOURS MIN.
Poge Il direct		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
nerol north	RU:	SSIA	USA	WIDOW		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	contx MD.
with do	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPIT	TAL, NURSING HOME (OR OTHER INSTITUTION		
- to to bo	R	anda Ustown	B. C. C-			HOUSEWIFE WORKING LIFE	AT HOME
212	UsU.	AL RESIDENCE (IF NURSING HOME	OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)	A E-J	•	APT. 613
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours to attending physician on deamletery filted in by os the burial-transit permit. Then please remove carbon papers: Page 1 and 2 should be filted in the and Memal Hygiene prior to burial, cremation, or removal. orked or frem 18 shows ony injury, or other traumatic event, the medical manner in side in a sheep of the property of the pro		ARYLAND	BAI	LTIMORE	134 INSIDE CITY LIMITS?	2500 W. BELVEDERE	AVE. #21215
は一個なり	LA FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	TZAL
WAN BE	1	NACHUM	₿ÖĞRAD	t A ST	ŔĨŸA	WIDDLE	VNKNOWN
RE,	16a \	VAS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17 INFORMANT MR.	GERALD SCHOOLFELD	- 47/1/00014
IMOR nond Poge	1	APUO OU NUKNOMU) (IE AES'	GIVE WAR OR DATES)		3419 WASHII	NGTON AVE. BALTO	., MD 21207
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ST., BA		PART I. DEATH WAS CAL	IATE CAUSE (0) SEV	leve Toxi	e Metaboli	Encephalo Pally	
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TEN TOR OF US			on 8		nd that in (my) (our) opinion	n death accurred on the date and hour	
RECIPE OF DESTRUCTION OF THE POT OT THE POT OF THE POT		22b. SIGNATURE.	nat) view the body after a		DEGREE		224. DATE SIGNED
AL OR A the host AL DIREC detoched of Dept		MAP	oci arde	100	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11.8.80
d by INER		224. PHYSICIAN'S NAME (TY	PE OR PRINT)	- Day	224 ADDRESS	0	Hospitul.
TO HOSPITAL (retained by the TO FUNERAL Ishould be detected with the Store (IMPORTANT: If	(DAHAHA C	ACI COO	THO OR TO	MOTEL.	COUNTY GINL	2102/1014
5 5 5 7 3 ₹	23a. B	SURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP		BURIAL	NOV.9,198	36 WORKM	IEN CIRCLE	BALTIMORE	MARYLAND
DHMH - 16 60M 7/84	24 F		EVINDAON &	BROS., INC	25a. DA	ATE REC'D. BY REGISTRAR 256. REGISTR	
(VRA 15, 4)		6010 RHISTERS			21215 NU	V 1 4 1986 Julia.	Devideon Randales

11/26/86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (aur) opinion deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 405 Stemmers Run Road Balto, MD 21221 23t. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery Baltimore County, Md. 250 DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Devidern- Randall

26 HOUR

12b. KIND OF BUSINESS OR

Martin Co.

Same

IF UNDER 24 HRS

IF UNDER 1 YEAR

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Enrich Land Constant Paltimore Loudy, Md/

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by the funeral director, page 3 filed within 72 hours offer death

executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-tronsit permit. Then please remove convirt the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT. If them 21 is marked or them 10 shows any injury, or other traudents.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.8	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO. 3	0 3	2 3
	CEASED NAME FIRE		MIDDLE	Ł	AST	20. DATE OF DEATH	the same	AY YEAR	2b. HOUR
	Gera.	ld Lee So	hrader				mber 5 198		М
3. SE	kale	4. RACE Caucas	ian	S. DATE C	ober 15 1953	6. AGE (IN YEARS LAST		FUNDER TYEAR	IF UNDER 24 HRS
7a. Bi	RTHPLACE (STATE OR FOREIG COUNTRY) LEXAS	76. CITIZEN OF U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	-,	9 BALTIMORE CITY Baltimore		OF DEATH	MD.
	atonsville		HOSPITAL, NURSIN THE FACTLITY, GIVE STREET, INCOLN WOOD		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Student		INDUSTRY	rado St. U.
130 S		ome or other institution COUNTY altimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Catonsv.	N_	13d INSIDE CITY LIMITS?	13e STREET ADDRES	s / ZIP CODE	Drive	21228
	ather's NAME Cecil G. Schrade	WIDDLE	LAST		Mary E. Lee	MIDDLE		LAS	
16a V	VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (16)	S. ARMED FORCES? YES, GIVE WAR OR DATES)	422-66-		17 INFMMACecil G. 1310 Lincoln		Catonsvi	lle	21228 Maryland
	18. CAUSE OF DEATH (En PART I. DEATH WAS C IMM Conditions, if ony, whi gove rise to immedia couse (a), stofing t underlying couse lo	AUSED BY: EDIATE CAUSE (o) DUE TO, O ch tite he DUE TO, O	Ine for (a), (b), one Mutaula R AS A CONSEQUE	NCE OF	Testiculan	Corner	7	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
MION		ANT CONDITIONS CO			NOT RELATED TO THE TERMI	INAL DISEASE OR CO		N IN PART 11	
CERTIFICATION	190 DATE OF OPERATION	140, COND	THON FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18 PAR	RT I OR PARE 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OF	RTOWN	COUNTY	STATE
		The state of the s	19_1	861.01	nd that in (my) (Suc) opinion o	to Tore g	dote and hour		that (I) (we) lost
	226. SIGNATURE	R. Mon		, 22		MEDICAL S DIRECTOR PHY	TAFF SICIAN []	17-6	SIGNED
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	BURIAL, CREMATION, REM (SPECIEV) SUPIAL	11/8/8	5 1	Leevil	emetery or crematory le Baptist Church	23d. LOCATION CITY OR TOWN	Fo	rest Cou	uMS STATE
	UNERAL DIRECTOR LO	ring Byers F d Randallsto	uneral Dire	etors, d 2113	Inc.	V 1 2 1986	AR 25b. REGISTR	AR'S SIGNAT	Condaces.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR SECTASED NAME DIFFE DEPEND SCHWARZ Marie November 15, 1986 11:30A M 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 5. DATE OF BIRTH 1896 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH JOSBIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland USA WIDOWEDF DIVORCED [II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rossville Franklin Square Hospital Housewife Homemaking MAULAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONING 13b COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 8409 Philadelphia Rd. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Christopher Margaret Appel Musch ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-52-6156 Doris A. Schwarz 8409 Philadelphia Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: Cardiones ni Cardiorespiratory Arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF HEMOTRAGE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Coagulopathy PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES [Hygier Hygier 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 71e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that & (this hospital) attended the deceased from November sow the deceased alive on November 15 1986 and that November and that in (my) (our) opinion death occurred an the date and hour and from the couses stated 776 SHOPPLATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [NA PHYSICIANS NAME INTEGERINITY 22e ADDRESS 9000 Franklin Square Drive, Angel Triana, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL Baltimore, "Maryland STATE (SPECIFY) 11-19-86 Gardens of Faith Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1401 BelAIR Rd. DHMH - 16 60M 7/84 BALTO. M.D. 21136 (VRA 15, 4)

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				STATE OF MAKTLAND		
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De re fi	US	JAL RESIDENCE HE NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		21131
Page 4	4 13a	STATE 136. COU			13e.STREET ADDRESS / Z	
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E = 20 457	7 14.1	ATHER'S NAME FIRST	MIDDLE . LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	TPA1
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aysic cope opposite the street		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line (ar (a), (b), (and (c).)		BETWEEN ONSET AND DEATH
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	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law require attending physicion. Where this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to brocked or them 18 shows any injury orked or them 18 shows any injury.	CERTIFICATION	218 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	
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ATTENDI ospital or SCTOR: A d for use t. of Heal m 21 is m	8	saw the deceased alive as	19			and hour and from the causes stated
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HOSPITAL ned by t FUNERAL uid be det the Stote	7	THE PHYSICIAN'S NAME ITTE	on femb	22e. ADDRESS		
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	230.	(SPECIFY)			CITY OR TOWN	COUNTY
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(VRA 15, 4)		VANS CHAPS	1 OFCHIMS	YORK ROOD I	10v 2 0 1986	Out a Davidson Pandall.

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THERE STREET SHARE IN SHARE STREET

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR I DECEASED NAME 2h HOUR YPE OR PRINTS ANNA SHAW F. 16 86 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Nov. 13, 1902 White 84 Female BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore County MD WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Manor Care Tow Towson Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 4412 Ethland Ave., 21212 Balto. 13d. INSIDE CITY LIMITS? MD YES TX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Shaw Anna Mary Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 214 40 5357 R. Carleton Sharretts. Balto., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF eneuro Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the decreased from sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN unn 22e ADDRESS LOCK RAVER BLVD-ASSANZAD 5601 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL MOSTATE Balto. County. 11/19/86 Woodlawn Burial 24 FUNERAL DIRECTO Henry W. Jenkins Sons Co. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Davidson. Randark (VRA 15, 4) 4905 York Road Balto., MD

1 21 . 15 Trunc 1 n il cu la rolla c Show that the work 212 4 SET E. CHIEN HARSE, Ele., VE 11/12/26 | Woodslawin alle. CHE Hammy . Jan in a de one ce. ELECTION, WELLSTEIL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH William Sheelv 4 RACE IF UNDER 1 YEAR 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) YEAR Male White BALTIMORE CITY OR COUNTY OF DEATH MARRIEDX X NEVER MARRIED Md Baltimore County DIVORCED [WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 26. KIND OF BUSINESS OR 6207 Johnnycake Balto Machinist-Crown Cork & Seal 130 STREET ADDRESS / ZIP CODE Balto. Md. 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Md Balto 6207 Johnnycake Rd. #21207 II. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST IINKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 6207 Johnnycake Rd.-Balto., Md. LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 217-03-1684Mrs. Dorothy B. Sheely 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I, DEATH WAS CAUSED BY: quamous DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | Mental Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) opinion death occurred on the date and have and from the causes stated above, (1) (we) (due and not) view the body after death DEGREE 22c DATE/SIGNED should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 11-21-86 Meadowridge Cem Buria] Ma 5151 Balto. Nat'l. Pike 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) #21229

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	Page 4 ma	ector, p	,	3. SE)	Female	1	White		5. DATE C		1911	6. AGE (IN YEARS LAS	YRS.	MONTHS DAYS	HOURS MIN.
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MARYL	ed withir	and 2 sh	C)	14 FA	THER'S NAME Nelson	MID	DDLE	Gate	es		Elizabe		EL SOL	Burk	
GLTIMORE, MARYLAND 2120	be executed	and co pages	1		VAS DECEASED EVER II ES, NO OR UNKNOWN) NO	U.S. ARME (IF YES, GIVE W		166. SOCIAL SEC 215-09		17. INFORM Edward				oco Plum	Fla. n Way 3424
W. PRESTON ST.	ires that the death certificate	gned by the ottending in please remove control cremation buried, cremation by or other troor		7	Canditions, if ony, gove rise to imm cause (a), stoting underlying couse	which ediate the last.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEC	OUENCE OF		CA PAN		ONDITION GIV		IMATÉ INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201	ne law requ	has been si permit. The ene prior to	7	CERTIFICATION	190. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	
I OF VITA	SICIAN: The	certificate rial-transit ental Hygie Item 18 sho	9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR			RED (ENTER NATURE OF			
IVISION	offendir	fer this as the bu h and M rked or		MEDICAL	21d. INJURY OCCURRI	LE 🗍	(AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E, FARM ETC)	21f. LOCAT STREE	ION ET	сіту О	RTOWN	COUNTY	STATE
	ATTENDIR	CTOR: All for use of Health			22a. I certify that (I) (saw the decease above, (I) (we) (di	d olive on	11-7	-8619	_86, or	nd that in (my	, 19 <u>86</u> (aur) apinian	, to		ur and from the	
O	TAL OR	RAL DIRE e detochec State Dept			226 PHYSICIAN'S NA	Jul B	(F)			DEGREE		MEDICAL S	STAFF SICIAN 🔊	22c. DATE	1-7-86 21204
	O HOSP	TO FUNERAL should be de- with the State IMPORTANT:	1		S.P.(GIRDH.	AR				6701	N. CHARL	ES STF	REET, TO	
	-				URIAL, CREMATION, F	REMOVAL					CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BI	P H - 16 60M 7/	B4	24 FI	Burial JNERAL DIRECTOR		11/11	ADDRESS		- 9111	Cemeter 250. DAT	Balt E REC'D. BY REGISTE	imore_		Maryland
		(VRA 15, 4)		l l	itchell-Wi	ledefe	1d	6.5	500 Yor	k Rd.	NUV	1 7 1300	0	1	

STOR W. CHARLES STREET, FOWSON NO

	1				STAT	E OF MARYLA	ND				
0 5 7 1101 1	140	FOR		DEPARTA		EALTH AND M		IENE			
057 NOV 14	1 00	STATE REGISTRAR			CERTIF	ICATE OF DI	EATH	REG NO		0 2	4 3
			IRST /	MIDDLE	- 1	AST		20. DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
01 gg p	-	Carricol	ELSIE	Viola		HEPTER	2	11-12	-86		7 - 30 AM
Mon Mon	3. SE		4. RACE	V.0.1	5. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
director		Female	White	e	Ja	n. 09	1904	82	YRS.	NTHS DAYS	HOURS MIN.
Pog di	70. B	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M.	ADDIED []	9. BALTIMORE CITY OR		FDEATH	
272		ryland	USA		WIDOWE		ORCED	BALTIMO	RE COI	UNTY	MD.
with the form	10. €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	120 USUAL OCCUPATIO	N		F BUSINESS OR
		TOWSON	(111401 141 300	B.M.C.	ADDRESS			Homema		Homen	maker
Pe pe	USU 13a.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CIT	TY I IAA IT S2	13e.STREET ADDRESS /	ZIR CODE		21204
1		Maryland	Balto.	Towson			NO 🗆X	1208 Wine	Sprin	q Lan	e, Towso
ベスジノ	14 F.	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S		ME			
I E COL	1	George	Andrew	Rethe	er	Ani	n N	Catherine	e M	innick	
es lo	16a)	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAN	١T	ADDRES	S Tows	son 2	1204
Påge medi		No		219-07-8	897	Mrs. A	Ann C	. Shepter	511 Pic	cadilly	y Rd.
ol.		18 CAUSE OF DEATH	nter only one cause per	line far (a), (b), and	d (c).)					APPROXIM BETWEEN O	MATE INTERVAL DISET AND DEATH
mov		PARTI. DEATH WAS	CAUSED BY. MEDIATE CAUSE (a)	CARDIO	PUL	MONARY	ARRE	ST			
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ve con		Canditions, if any, w		UROSYP							
emo mot r tro		gove rise to immed	iote	R AS A CONSEQUE							
L, cre			last.		CALC	LIL I					
y, or		PART 2. OTHER SIGNIFI	CANT CONDITIONS CO				TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 11a	
Ther to b	NO NO	GAN	IGRENE RT.	FOOT &	LEG	& LEFT	LEG.	NIDOM			
prior	CERTIFICATION	190 DATE OF OPERATION	N 19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDING	IGS USED
be be	1 =							YES NO X	IN CERTIFYIN	NG CAUSES (OF DEATH?
the buriol-transit and Mental Hygie ked or Item 8 sha	E E	21a. ACCIDENT WAS UNDERLY			V VE 10	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
Hem	¥	OR CONTRIBUTING CAUS	SE OF DEATH	M. MONTH DA M	19						
o A	MEDICAL	214 INJURY OCCURRED	21e PLACE (OF INJURY		21f LOCATION	N	6774 08 7014	44.1	COUNTY	STATE
th ond orked	2	WHILE NOT WHILE	[AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	ZIKEEI		CITY OR TOW	N	COOMIT	STATE
mo mo	10	220.1 certify that (1) (thi	is haspital) attended the			-30	19 86		, 19	86 ,	that (1) (we) last
21 is		saw the deceased of	(did nat) view the body		86	d that in (my) (our) opinion (death accurred on the dat	e and hour ar		
ept.	150	775 SIGNATURE	(did fid) view the Body	arier dedin.		DEGREE				22c. DATE S	SIGNED
te D T: If		- I Show	ibert m	D		AT Ph	TENDING _	MEDICAL STAFF	ПИА	11-	12-86
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5 3 <u>≤</u> 1	22a.	RIAL, CREMATION, REA		A CONTRACTOR OF THE PARTY OF TH	IAME OF C	EMETERY OR CE	REMATORY	23d. LOCATION			
		Burial	/1/15	/86 Wo	odlav	vn Ceme	etery	Baltimore	Cou	nty	Md.
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VRA 15, 4)	J	. E. Lowell	Lemmon, 1	0 W. Pad	onia	Rd.	" Ni	N 1 1 1000			

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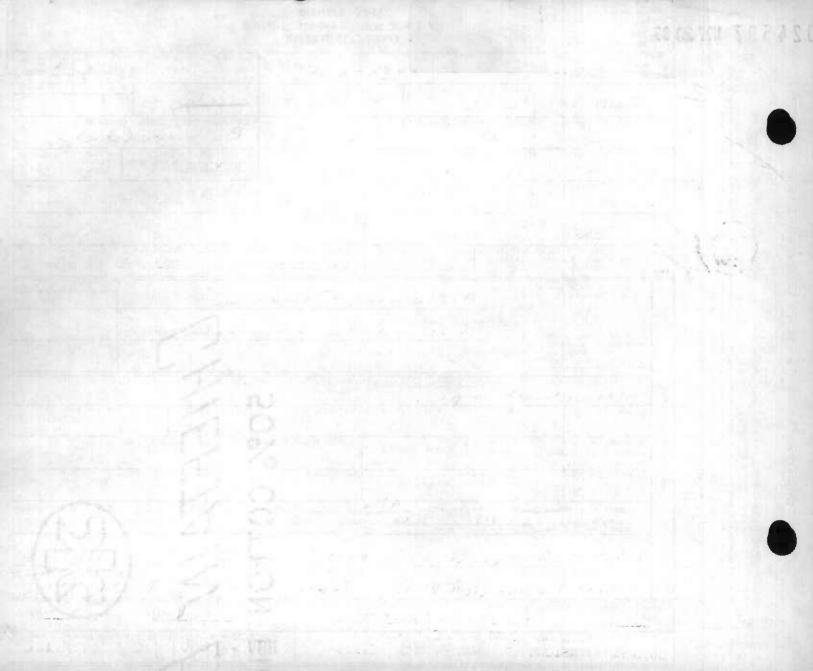
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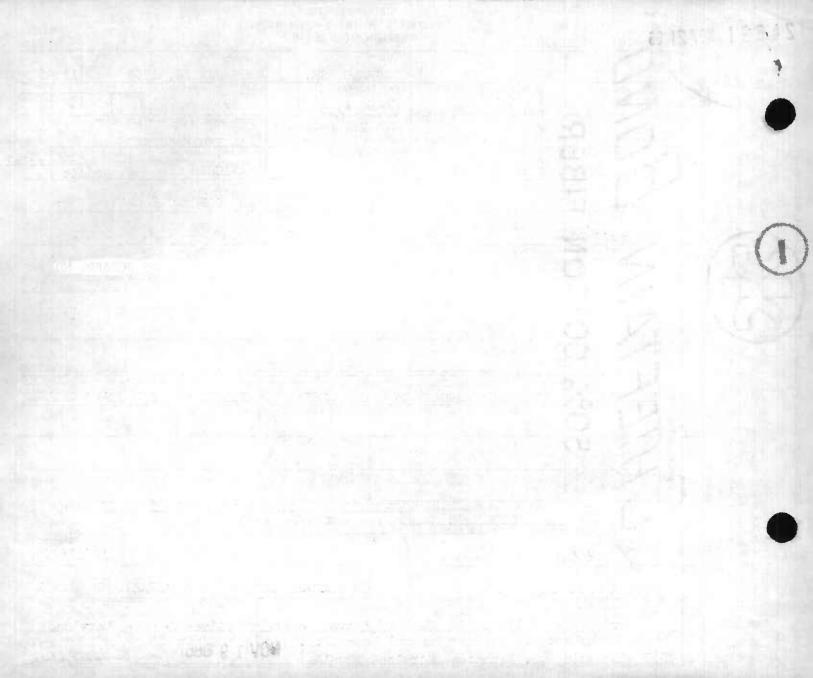
CANTRENE PT. FOOT & LICE & LEFT LEQ. N. HOOM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2b. HOUR **HERMAN** (TYPE OR PRINT) 407 Theanm 5 20 3: SEX 4. RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS APR. 24,1897 [AR HITE EMALE To. SIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltonere Count 135. MARYLAND DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) GOVT. 1 hunos GIVE RESIDENCE BEFORE ADMISSIONS USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION 13a. STATE BALTIMORE 13d. INSIDE CITY LIMITS? 6936 MILBROOK PARK DR. 21215 MARYLAND NOL LEATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE SHERMAN FENA BLACKER MORRIS APT. 1C MRS. BETTADDRECHEN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) I LIE YES GIVE WAR OR DATEST 21215 BALTO., MD 6918 MARSUE DR. 218-22-0241 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Cales some byro Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC) COUNTY CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this basaital) attended the deceased from 19 80 sow the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 77h SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS en only re show 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION BALTIMORE COUNTY MARYLAND BURIAL NOV.17,1986 BNAI ISRAEL BP 24 FUNERAL DIRECTORSOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 BALTO DRESSMD 21215 Julia Dividson-Pandare 6010 REISTERSTOWN RD. (VRA 15, 4)



				1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE			
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	you	poge r deo		3. SE		771	4 RACE	اد	5. DATE C		6. AGE IN YEARS LAST BIR	THOAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	9e 4	ector, ars ofte			EMALE		WHIT	ľE	JA	N. 28,1902	84	YRS.	MONTHS DAYS	HOURS MIN.
	- P	ol dir 2 hou	(i) /		RTHPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	leo t	nero	/6 /		USSIA		USA		WIDOWE	DIVORCED	BALTIMO		YTMUC	MD.
10	Offer	by the fu	90		ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN HEACILITY, GIVE STREET [KESVII]]E		ING HOME	TYPE OF WORK FOR MOST CHOUSEWIFE		E) INDUSTRY	F BUSINESS OR
BALTIMORE, MARYLAND 2120	24 hour	filled in b	\$5	13a	AL RESIDENCE (IF NURSI STATE ARYLAND	136 COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	#21208	8
YLA	i i	25	2 /	ORF.	ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDEN N	AME			
MAR	- Jan	do /	たう	V	AARON		HC	DRWITZ		FIRST ELLA	A WIDDLE		MEYERW	ITZ
E,	10	Beck	0		WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17. INFORMANT	MRS. LILLIAN	SHAP.	[RO	
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BALT	10	ysi Vol.	t, the		18 CAUSE OF DEATH	1 (Enter on	ly one couse per	line for (0), (b), and	d ici.1	Time			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
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	puire	sign hen p	yory,	Z	1-000		/)-			NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 110) '
SOR	5	been mit. T	2	¥	19a DATE OF OPERAT	ION		FUMONI		N WAS PERFORMED	78s AUTOPSY?	T20b. IF YES	S, WERE FINDIN	IGS USED
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DIVISION OF VITAL RECORDS,	Z. T	cofe ronsit	18 sh	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING [216. TIME O			21c HOW INJURY OCCU	RRED (ENTERNALLIS OF	1		
90	CIAI	1 1 7 0	Item 1	¥.	OR CONTRIBUTING C		in .	M. MONTH DA	AY YEAR					
ON	PHYSIC	his c	ŏ	MEDICAL	21d INJURY OCCURR		21e. PLACE			211 LOCATION	CITY OR TO	WN	COUNTY	STATE
NIS	S E	ter this the land	rked	2	AT WORK AT WOR	K .	(AT HOME, SIK	REET, PACTORY, OFFICE, F	ARM, EIC)	310001				
0	NON TO	R: Af	S mo		220 1 certify that (1)						, to	,	19	that (1) (we) lost
	ATTE	5 5 4	121		the deceose tive, (I) (we) (d	d olive on id) (did no	t) view the body	ofter death.	, 01	d that in (my) (our) opinion	deoth occurred on the do	te ond hou	r ond from the	couses stoted
4	0 0	DIRE	Hen		NATURE			1		DEGREE ATTENDING	MEDICAL STAI	c	22c. DATE	
•	TAL	RAL	= 1		Jane		Lake	ham	r	PHYSICIAN	DIRECTOR PHYSIC		1117	86
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	H O H	Should be with the	IMPORTANT	-	1 ASNEE		LAK HA	INI		7220 PAR	k Heigh	H3 H		ACOMI)
				730.	BURIAL, CREMATION, I ISPECIFY) BURIAL		23b. DATE	.10,1986		EMETERY OR CREMATORY YAKOV	23d. LOCATION CITY OF TOWN BALTI	MODE	MARYI	21238
	В	۲		24 F	UNERAL DIRECTOR		The second secon							
	DHM	H - 16 60M	A 7/84	6	OLO PETSTER	SCULULY POLITICAL	M BD E	RAT.TO AODRESS M	D TING.	21215	TE REC'D. BY REGISTRAR V 1 4 1986	Di KEGSI	DEGLEGATION -	Kandall

STATE OF MARYLAND



celained by the hospital or attending physician.

TO FUNERAL DIRECTOR, where this conducts has been signed by the attending physician and complainly falled why the funeral director, page-873 hould be detected for use or the burial-training permit. Then please employed properly is page-1 and 2 should be detected for use or the burial-training permit. Then please employed is negligible to use or the burial-training mental Hygeine prior to burial, cremation, or remarkal.

DING PHYSICIAN. The law

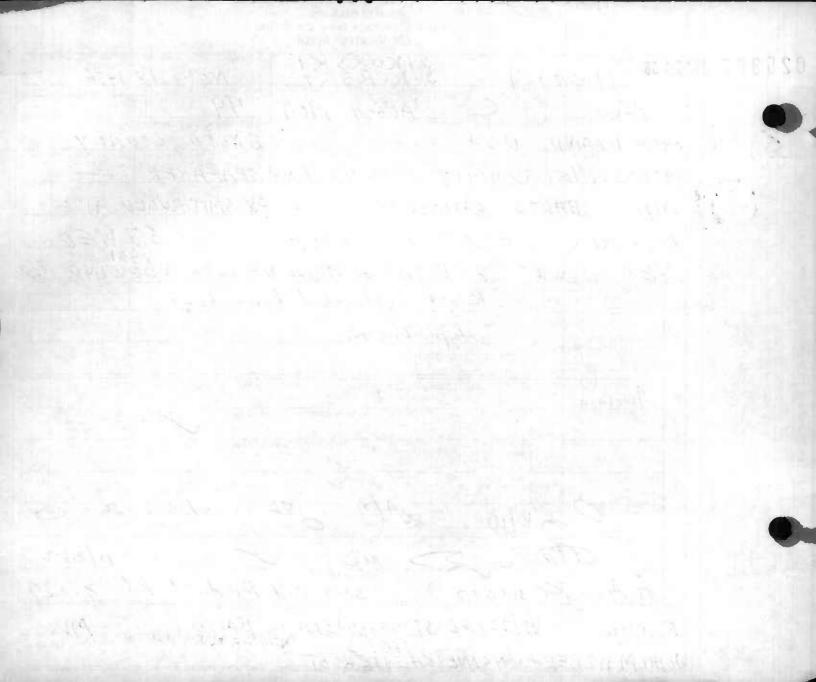
TO HOSPITAL OR

MCORTANT. If them 21 is manked of them 18 unions any injury, at other traumatic event, the

STATE OF MARYLAND

	1-	FOR STATE		ENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH		
ŀ	1_DEC	REGISTRAR EASED NAME FIRST	WIDDLE	IVARCUI	REG. NO.	DAY YEAR 26 HOUR
V	29	MICH,	451 51	KORSKY	NOV 1	8 1986 M
Ì	3. SEX	4.4	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7	1	M		AUG-4 1907	YRS YRS	TY OF DEATH
4		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	OUNTV MD
3	NO CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	CA	TONS VILLE	SUMMIT	NURSING- HOME	SEAFARER	UFE) INDUSTRY
4	⊌SUA	L RESIDENCE (IF NURSING HOME OF TATE 13b, COUP	ROTHER INSTITUTION GIVE RESIDENCE BEFORE AI NTY 136. CITY OR TOWN		STREET ADDRESS ZIP COL	OD AILES
ä	JAY A	THESNAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	
3	DI	OMINIK	SIKORSKI	EWA	5	ZWED
	60 W		MED FORCES? 160 SOCIAL SECURI	ITY NO. 17 INFORMANT	ADDRESS	1901
1	-	ES W	W 4111810	HOUSEKTIONE V	FISHER HO	APPROXIMATE ÎNTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (b). TE CAUSE (a)	intracorebal hi	emorrhand	BETWEEN ONSET AND DEATH
1		IMMEDIA	DUE TO, OR AS A GONSEOUEN	ICE OF ~	8	
١		Canditians, if any, which gave rise to immediate	1/	tension		21
1		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN	NCE OF		
1	- 1		CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMI	NALDISEASE OR CONDITION G	IVEN IN PART 1 in
1	NO.	Anemia				
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
7	ERT	2 10. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	121¢ HOW INJURY OCCURR	YES NO DE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	YES NO
١	100	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	Y YEAR	Terrent and the second and the second	
١	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FAR	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	TAL BOME STREET PACTORY, OFFICE, PAR	(m, etc)		
ı		saw the declared at an	till mentled the deceased from	c, and that in (my) Curopinian d	eath occurred an the date and ha	n, 19 that (we) lest aur and fram the causes stated
1		226 SIGNATURE	me budy difer death	DEGREE	ALCO CYAFF	224. DATE SIGNED
		COLG	Wein 2)	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	11/21/86
		A. ALAN C	EISINGED	5411 Old	Frederich 1	Rd 21229
	23a B	SURIAL, CREMATION, REMOVAL	. 23b DATE 23c. NA	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
Ш	R	URIAL	V1122/86 ST	STANISLAUS	BALTO	MD.
	24.5	INERAL DIRECTOR		4 1 0 1 C 250. WATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

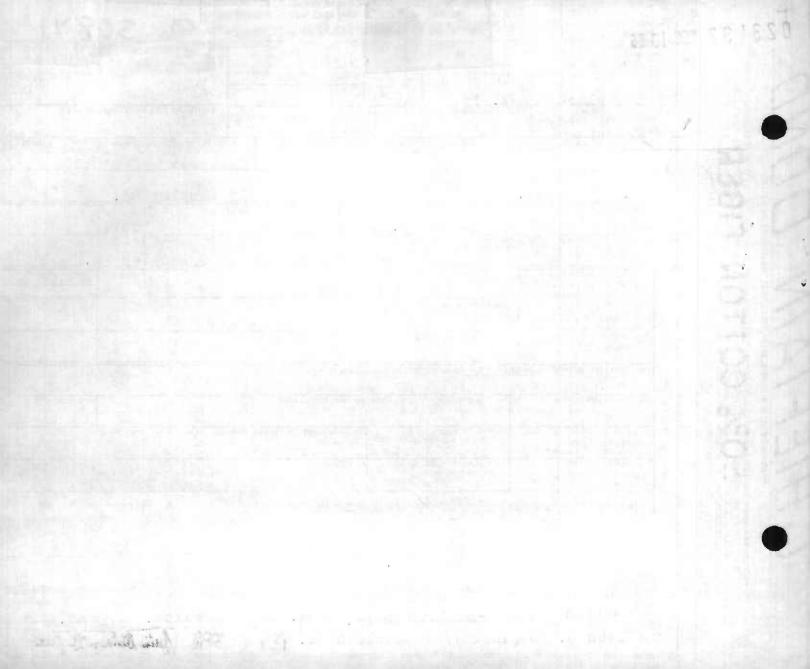


STATE OF MARYLAND

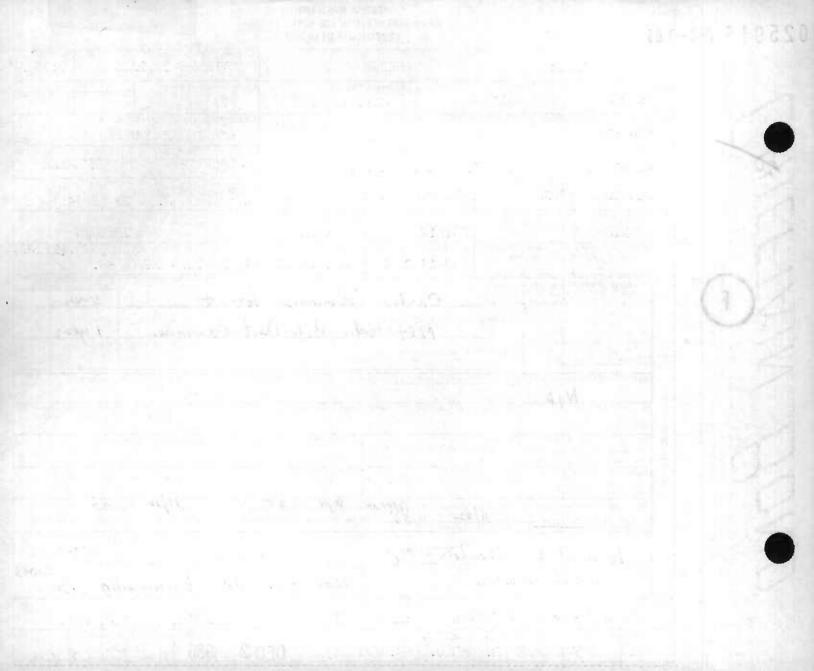
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		C 2. 11		DECEASED NAME	FIRST		MIDDLE			LAST	-	10	OF ESTI-	N 🗆	ATTU BAY	YEAR !	7b. HOUR
,	278	S FOR YOUR FILES. D. WITHINYZ HOURS W. PRESTON STREET,			Robi	n.			Si	mms		D	EATH MATE	D 🖾	11 5	1986	M
	NECESSARY, PLEASE PUNERAL DIRECTOR	STATE	3	SEX 4 RA	CE	5. DATE OF BI	IRTH DAY YEAR	6 AGE (IN YE	ARS IF UN		IF UNDER 2		DATE NOUNCED	MON	JTH DAY	YEAR	24 HOUR
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	1 SE SE	SEE SE	24	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN O	F WHAT COL	NTRY?	8. MARRI	ED NEV	ER MARRIE	D 0 9.8	ALTIMORE C				
	XZ.	N ₹ N	7	Maryland		US			WIDOW		DIVORCE			imore			MD.
	23	S E	N	CITY OR TOWN OF DE	AIH		CH FACILITY, GIVE	STREET ADDRESS)			ION		OCCUPATION OF WORKING LIF		ORK 17b. K	OR INDUSTR	Y
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	MD.	July William	7	FATHER'S NAME		WIDDLE		LAST			R'S MAIDEN		MIDDLE			LAST	
		* TO	21	James James			Simms	~r.		Mam					ler		
	BALTIMORE S.AFTER DEA GIVE PAGES	S S S	1	(YES, NO, OR UNKNOWN)	R IN U.S. ARM		100	CIAL SECURIT		17. INFORM	IANT		ADD	DŖESS		212	21
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	WHY NOTE	RAPE		gave rise to cause (a) statin	immediate	(b)_	ODASAGO	NSEQUENCE	0.5								
	EXECUTED V	ICAL EXAMINER ALONG A BURIAL - TRANSIT PERM H AND MENTAL HYGIENE MATION, OR REMOVAL.		lying couse las		(c)_	, OR AS A CC	INSEQUENCE	OF								
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18.	CHIEF MEDICAL EXAN E USED AS A BURIAL - T OF HEALTH AND MEP URIAL, CREMATION, C		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO C	DEATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASI	OR CONDITION	GIVEN IN PART	fla.					
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	ITAL SPO	BE USED NT OF HI BURIAL,	/													YES 👽	NO 🗌
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	NO DEL	ARTA TOR T	5	UNDERLYING CONTRIBUTING	OR CAUSE OF D		P.M. 11	5 19 8	- 1	bject	t use	d dri	ıqs.				
	CERTIFICATE OF WITHING THE WICH	3.54		CONTRIBUTING ZIN INJURY OCCU	RRED		ACE OF INJUR			CATION		CIT	ORTOWN		Bal	timor	e state
	WR. WR	AAGE ATE		WHILE NO AT WORK	WORK		found	off o	f 18	56 Pe	each	Orcha	ard La	ane I	Dunda		Md.
	ER: 1	FORWARDED OR; PAGE 3 S HE STATE DEP ND, 21201 PR		22a 1 certify that	Ligetty/chorde	of the remain	described at	e, held an	Autap	y X,	Inspection	. In	quiry .	and in m	ny apinion		
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	A 25.	A VAR		ACTUAL (11al	1	4501	h		TITLE (SP							
	る と	RE, LE		SIGNATURE	XNV	/ .	1 10		M	D. Assi	stant	MEDICAL	EXAMINER		ATE IGNED	11/6/	86
	MEDI	PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P.	4	EXAMINER'S NAMI	E Cl	harles	P. Kok	es, M.I	0	ADDRESS	111 P	enn St	. Ba	lto.M	D.		
	22	A DA A	2	BURIAL, CREMATION,		b DATE	230	NAME OF CE	METERY O	R CREMATO	RY	23d. LOCAT	ION		COUNTY	STA	ATE.
	7/84 BP	350		Cremati	on 1	11-10-	-86 I	oudon	DI	Cem			Balte	0.	1	Md.	
2:	DH	MH - 17	1	FUNERAL DIRECTOR Carlton	C. Do	uglas	SESS 170	1 McCu	11101	St. 2	DATE RE	C'D. BY REG	ISTRAR	AP	SSIGNA	200	
	(VR A	15 ME (5))				-6-00	- 170	11000	01		THE PARTY	1		hyper Wes	September .	Keryan.	



25	9 1	5	DEC	-	181	FOR STATE REGISTRAR			DEP	ARTMENT OF CERTI	E OF MARYLAN HEALTH AND ME FICATE OF DE	ENTAL HYGIE	NE REG. N	o. 3 A	8 4 2
	, be	poge 3				OR PRINT) BE	FIRST		MIDDLE	SKIG	EN	2	NOVEMBER		26. HOUR 9:10 AM
	0 4 mo	tor. po	1	-	3. SE)	FEMALE		WHITE			DF BIRTH . 11°,191		AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS.	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
	Seath. Pa	neral di	6	9	1	NEW YORK		b. CITIZEN OF US	A	MARRI		RRIED L	BALTIMORE CITY C	RE COUNTY	TH MD.
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AND 213	n 24 hou	filled in hould be	4	8	130 S	L RESIDENCE (IF NURS	PALM	OTHER INSTITUTION TY					SeSTREET ADDRESS LYNNHURST	J. 1020	33441)
MARYL	add with	and 2 s	1	D	1	THER'S NAME MORRIS	٨	AIDDLE	EPSTEÎ	N	15. MOTHER'S M		WIDDLE	UNKN	
IIMORE,	De execu	Poget Poget	(medica)	3		(AS DECEASED EVER I ES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)		SECURITY NO. 4-2263	MRS. LE		IGMAN 2210		MD. (21209)
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35, 201 W. PRESTON ST	vires that the death o	signed by the offending nen please remove and	ury, or other from pie	A	z	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	ediote the last.	{ DUE TO, C	R AS A CONS	SEQUENCE OF		O THE TERMIN	AL DISEASE OR CON		1 year
AL RECORE	The low req	hos	Hows any in	2	CERTIFICATION	19a. DATE OF OPERAT				HICH OPERATIO	ON WAS PERFORM		200 AUTOPSY?	YES 🗆	NO [
DIVISION OF VITAL RECORDS	G PHYSICIAN: T	riolt	ked or Hem 18 sh	7	MEDICAL CE	71a. ACCIDENT WAS UNDER OR CONTRIBUTING COUNTY (IF EITHER, NOTIFY MEDIC 71d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	AUSE OF DEAT AL EXAMINER) ED	P 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR	211. LOCATION STREET		ENTER NATURE OF INJU		
ā	OR ATTENDIN	DIRECTOR: Aft	If them 21 is mor			27a.1 certify that (I) (sow the decease abave, (I) (we) (d) 27b. SIGNATURE	this haspite	al) attended the	22	L. C. F.	nd that in (my) (as		medical STA	ote and hour and fro	m the causes stated DATE SIGNED 1/23/86
	O HOSPITAL	TO FUNERAL	MAPORTANT:	1		22d PHYSICIAN'S NA HOWA:	rd B	ronstei	n	111)	27e ADDRESS	YORK		ther ville	21043
94	BP	Fil.	1		4	URIAL, CREMATION, P	EMOVA	1 11/24		STAR O	EMETERY OR CRE F DAVID		TAMARAC		
11		H - 16 60 VRA 15,		4		NERAL DIRECTOR SO					21215)	DEC DEC	2 1986	,	GNATURE POLICE



- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

1 13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAM

FIRST

YEAR

DIVORCED []

5. DATE OF BIRTH

Jan.

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Joseph's Hospital, Towson

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

NTAL HYG ATH	Seno.	30	0	8	13	
	11/10/96	DA	u	HMO	3:4	2 4
YEAR 1924	6. AGE (IN YEARS) AST BIRTHDAY) -62 YRS	MO	UNDER	DAYS	HOURS	24 HRS MIN.
RRIED -	Baltimore Co	3				MD.
on	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING TV Engnr.	S LIFE)	IND	USTRY	F BUSINI /Te1	
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AAIDEN NAA	ME MIDDLE			LAST	21	030
Cathe	rine K	oz.	a			
itric <u>l</u> a	ADDRESS 1000 a A. Slifk	8 I	H		Gre 2103	en Cr 0

es	WWII	183-18-3502	Mrs. Patricia A.	Slifko	A 21030
18 CAUSE OF DEATH PART I. DEATH W.	l (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (a)	RUPTURED	ANEURYSM OF	THORACICA	BETWEEN ONSET AND DEATH
Conditions, if any, gove rise to imm	lediole		ER 10 SCIERO	515	Years
underlying cause	last (c)	R AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVE	N IN PART 1(g)

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM EIC) NOT WHILE 22a.1 certify that (X (this hospital) attended the deceased from saw the deceased alive on

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (pr) (aur) opinion death occurred an the date and have and fram the causes stated VOV

STATE

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

230. BURIAL, CREMATION, REMOVAL

4. RACE

USA

13h COUNTY

Balto.

MIDDLE

White

b. CITIZEN OF WHAT COUNTRY?

Slifko

13c. CITY OR TOWN

Cockevsville

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGREE

21f LOCATION

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT

Burial 24 FUNERAL DIRECTOR

11/14/86 Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd.

23b. DATE

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

Bethlehem. Holy Savior Cemetery

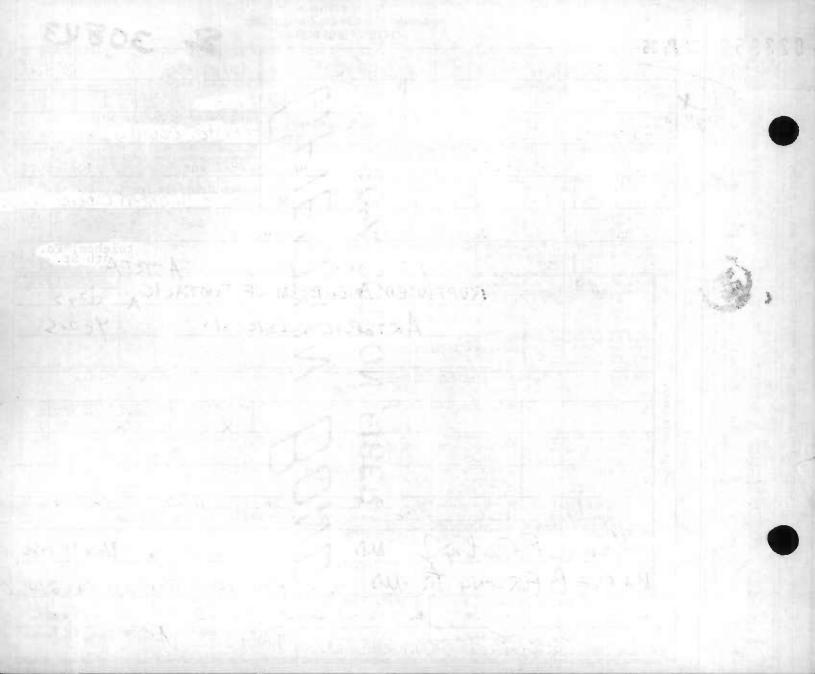
200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

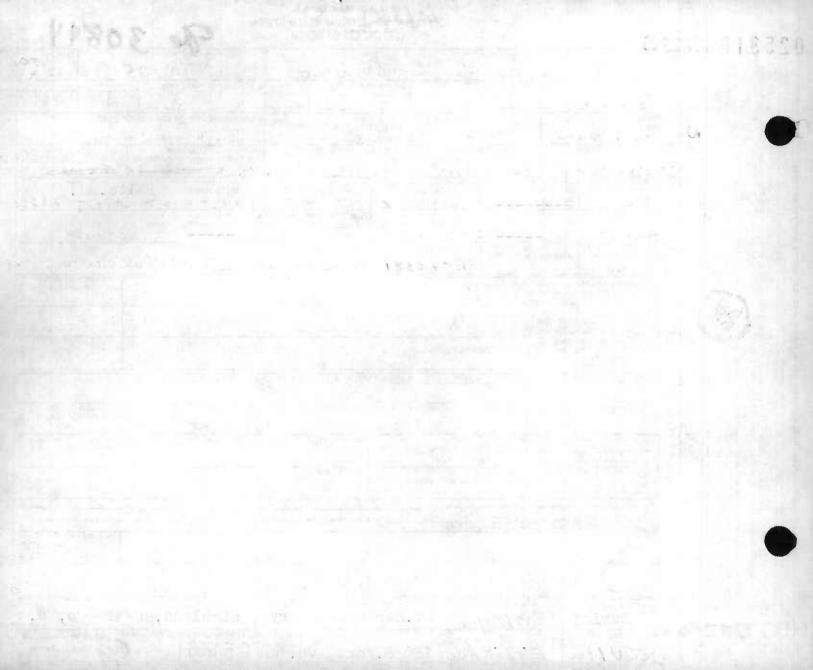
CITY OR TOWN

Penna.

250 DATE REGID SY REGISTRAR 25 REGISTRATE SUGNATURE



	1	FOR		STATE OF MARYLAND		
	. 1	- STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE CO	2000
53 6 NO	1/25	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEADER MO	INTH WAY WYEAR 25. HOUR
9 75		E OR PRINT)	41 000		A DAIL OF DEATH	5
page dear	3.5		RACE	Is DATE OF BIRTH	6. AGE 1 IN YEARS LAST BIRTHD	251986 12 A
4	1	C	nace 1	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
Page 4	1		CITIZEN OF WHAT COUNTS	7 26 1906	9 BALTIMORE CITY OR	YRS.
the second	1/2	COUNTRY)	CITIZEN OF WHAT COUNTY	MARRIED WEVER MARRIED	D	
fundament de	4	Baltimore 111	NAME OF HOSPITAL ALLIE	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION	
the the with	10		(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF W	
n by		PISTERSTOWN JAL RESIDENCE (IF NURSING HOME OR OT	Bent Nursi		Orac Singer	THE PERS
24 led i	130	STATE 136 COUNTY	13c. CITY OR TO	DWN 134. INSIDE CITY LIMITS?	13R. STREET ADDRESS	Balto.Md.
A fill	4	Md. Eath	mare Balti	more YES A NO	12 West He	ath Street 212
d wi	15	ATHER'S NAME FIRST MID	DOLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
om own	4	August -		mer transie		Brown
exe of the sex		WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)		ADDRESS	
Pag Pag		No	213-74-	63.84 Philipt, 5ma	llweodjr, 501	a Wood bine Rd 21
aw requires tha seen signed by I Then please re or to burial, crr any lettary, or s	NOIL			O DEATH BUT NOT RELATED TO THE TERM		
It The It	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NOW	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Clar	H H	710 ACCIDENT WAS UNDERLYING	116. TIME OF INJURY HOUR A.M. MONTH	2) HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	TEM 18, PART 1 OR PART 2)
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Bud had	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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AT SITURE OF THE		sow the deceased alive on obove. (1) (we) (did) (did not) v	view the body offer death.	ond that in (my) (ear) apinion	death occurred on the date	and hour and from the causes stated
TAL DIR AL DIR TITLE TO		27b. SIGNATURE	Illiam)	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIA	171. DATE SIGNED
O HOSPITA D FUNERAL Pould be deta who HTANI		274. PHYSICIAN'S NAME (TYPE OR PR	11/17/19	MD 1720 ADDRESS 190 Fleut	inten RO Ke	ideston 14211:
HE HEEE	730		23b. DATE 2:	RENAME OF CEMETERY OR CREMATORY	23d. LOCATION	TT COUNTY 2 CI STATE
BP		Burial	11/28/86 S	t.Marks Cemetery	Highland	l, Howard Co, Md.
DHMH-16 25M	24 1	UNERAL DIRECTOR Balto	.Md .212340 RESS	8.8.00		REGISTRAR'S SIGNATURE
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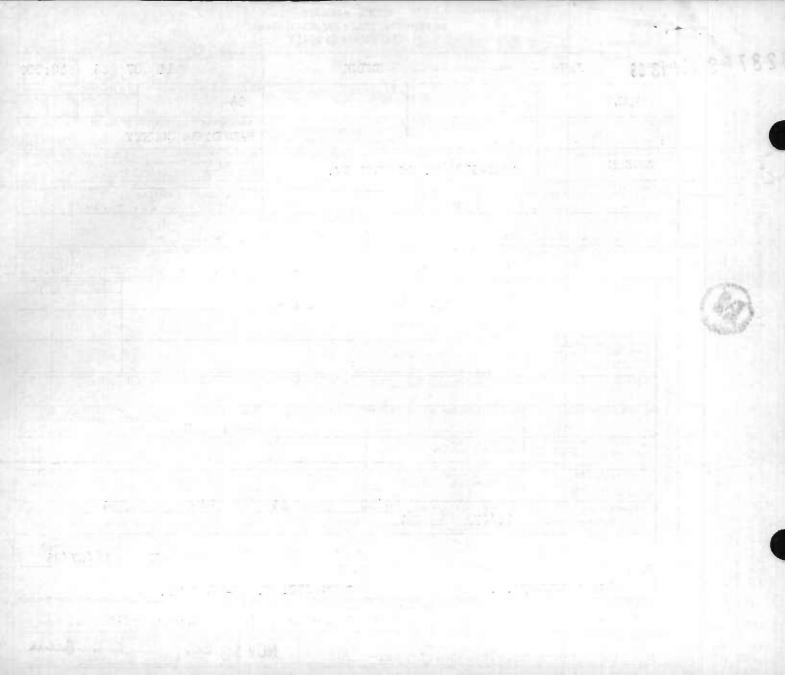


John C. Miller Inc.-6415 Belair Rd.-21206

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND



Funeral Home, Hampstead,

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME GLADYS GLADYS R. 86 page 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH 18,1900 White 3 remale To. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME 126. KIND OF BUSINESS OR Homemaker USUAL RESIDE 13e STREET ADDRESS / ZUP CODE 13c. CITY OR TOWN 13d. INSID CITY LIMITS? 10 Acorn Cir. Apt. 102. 21204 Towson 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST FIRST MIDDLE Chester Cooper Annie Wehh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Walter L. Alexander, Sr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. IFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (12 this hospital) attended the deceased from 19 06 our popinion death occurred on the date and hour and from the causes stated and that in (my) above, (1) (we) (did (did not) view the bady after death DEGREE mn ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial STATE COUNTY 11-12-86 Moreland Cemetery Parkville Balto 24 FUNERAL DIRECTOR 1050 York Rd. 250 DANG REVD BY AFGING 256 REGISTRAR & SUSMATURED DHMH - 16 60M 7/B4 Ruck Towson Funeral Home, Inc. (VRA 15, 4) Towson, Md. 21204

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	ó	. p	e e		3. SEX		4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNE	DER I YEAR IF UNDER 24 HRS
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00	1	17 17	3	2	Т	OWSON	OBMC OF HOSPITAL, NUE	CHARLES		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMS)	F WORKING LIFE) IN	b. KIND OF BUSINESS OR IDUSTRY Own Home
AND 213	n 24 hos	filled in	3	2		MD 5	OR OTHER INSTITUTION, GIVE RESIDENCE BE JUNTY 13c. CITY OR TO Bal		134 INSIDE CITY LIMITS?	1238 Knig		Rd., 21239
IRYL	1	letely	115	カ	4 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
W	Petr	dwa	F(D)	Q	Name of Street	Paul	Leibiger		Elizabeth			narde
JORE	e x	puo	edic edic	1	(Y		IVE WAR OR DATES)		17. INFORMANT	ADDRE		
ALT.	9	noi	he m		_	No		7436	Robert A.	Snyder, J	r. S	ame
5T., 8A	rificol	-				PART I. DEATH WAS CAUS	only one couse per line for (a), (b), ED BY: ATE CAUSE (o) CAF		JLMINARY FAILU	IRF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	The law on	ion. E hos been	A Desire	3	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH? NO
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٥	TENDIN	TOR At	of Health			220.1 certify that (1) (this hosp sow the deceased alive or	n the body after death		1115 , 19 80 nd that in (my) (our) opinion d	eath occurred on the do		from the couses stated
	A NO.	the hou	E Bent			22b. SIGNATURE	ot view the body after death	1	DEGREE ATTENDING	MEDICAL STAF	FL	DATE SIGNED
	PITA	ERA ST	S S S	7		274 PHYSICIANIS NAME ITHE	OF SERVICE	= 111	PHYSICIAN [DIRECTOR PHYSIC	IAN	110/10
	D HOS	Defined O FUN	WPORTAN			FI EMING CH	EN		07204	LFS ST.		
	F	2 6		1	23a BI	JRIAL, CREMATION, REMOVAL		30 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cour	NTY STATE
		BP	-		C	remation	11/17/86		n Mount	Balto.,		MD
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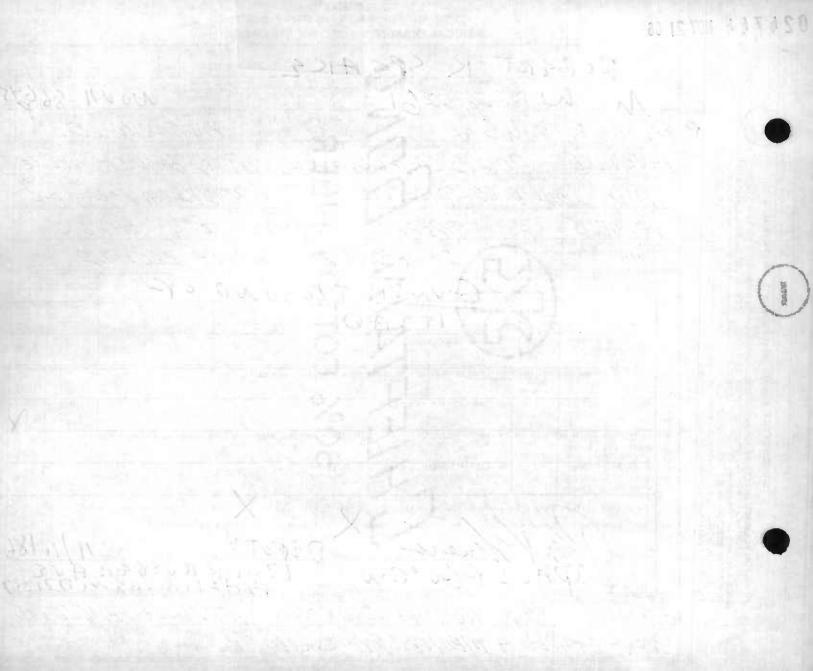
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221		It.	STATE OF MARYLAND FOR #6, G-621, 11/25/86 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1241	4 4 NOV 2] -{	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	0 2 0
3	9-21		CEASED NAME FIRST MIDDLE LAST TO DATE KNOWN MONTH	DAY YEAR 26 HOUR
	28485		RUBGRIT K SPG AICE OF ESTI-	19 M
	E STATE	1.5EX	MONTH DAY YEAR T BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED	11 CALLER
	N YOU	2. 01	IR BAPLACE (STATE OR 75. CITIZEN OF WHAT COUNTS. 8 9. BALTIMORE CITY OR COUNTY	11 1986 GAR
-	SE S	P	MARRIED LANGUER MARRIED DI TONTONO	OF DEATH (
•	NE STANS	10. CI	TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION 1779E OF WORK 121	
	ATTO SERVICE	11	4RKVILLE 3012/2 CHLIFORNIA AVE VETICED BATTO. CIV.	OR INDUSTRY
9	DEN DEN DE	SUA Du S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TAJE 136 COUNTY 137 1136 COUNTY 138 STREET ADDRESS	21234
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SK	ERW ALL		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CYNS HOT LOUND OF	BETWEEN ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH LADE GEVESED NAME MIDDLE TTYPE OR PRINTE 11-19-86 Augustine Spiegel 6:05 am 3 SEX RACE S. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS HOURS caucasion -14 - 36male BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md u.S.A. Baltimore County CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Greater Baltimore Medical Center Towson administrative asst 13. CITY OR TOWN Severna 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Spiegels Co. 15 MOTHER'S MAIDEN NAME August Spiede1 Mar'i'e Schmitt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) LYES, NO OR UNKNOWN) 55-57 212-32-6757 Anita R. Spiegel same as yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Esophageal carcinoma Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 71n ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from... 19. sow the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (In(we) (did) (did not) yew the body after death, DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL I DIRECTOR PHYSICIAN TY PHYSICIAN 11/19/86 22e ADDRESS Robert A. Palermo, M.D. 6701 North Charles Street; Baltimore, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN 11 - 22 - 86GLEN HAVEN CEM. BURIAL GLEN BURNTE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL HOME 12RTDGELY AVE.ANN DHMH - 16 60M 7/84 ules disiden Kandallo (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. SI	EX		4 RACE		S. DATE C		6. AGE	IN YEARS LAST BIRTHE	AY	FINDER YEAR	A CONTRACTOR OF THE PARTY OF TH	71 1105
I	Temale .		White		May	28, 1908 FAR	1	78	VRS.	WONTHS COARS	HOURS	8036
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	altimore, h		USA		WIDOWE	D DIVORCED		Baltimo				MD.
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	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	215 22		Alexander	P. Spu	ADDRESS rrier, H	usba	n d	Same	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE # STATE BEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME O DATE KNOWN (TYPE OR PRINT) OF O ESTI-E F FOR YOUR FILES.

E) WITHIN 72 HOURS

W) PRESTON STREET, PATRICIA STANLEY 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS 2c. DATE 7d HOUR LAST BIRTHDAY) PRONOUNCED 12:36 PM White Oct. 3,1947 39 Female DEAD 12 1986 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. DIVORCED Baltimore County PAGE & ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1225 Alexander Rd. Health Care Catonsville Nurse USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X 1225 Alexander Road 21228 Maryland Baltimore Catonsville FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Woods Anderson W. Woodrow Lucy 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. 17 INFORMANT Johnnycake Rd. (YES, NO. OR UNKNOWN) Baltimore, MD. 21207 Woodrow L. Anderson 220-46-0731 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple drug intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO | SHOULD BE EPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING WOR P.M. 11 12 1986 CONTRIBUTING CAUSE OF DEATH Subject ingested drugs TIE PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED 211. LOCATION Balto. STREET, FACTORY, FARM, ETC.) WHILE AT WORK home TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARN TO FUNKER, PAGE A STER BEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120 Alexander Road, Catonsville Autopsy X 220. I certify that I tack charge of the remains described above. death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 11-13-86 M.D.Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 11/15/86 Burial New Cathedral Cemetery Baltimore Maryland TELLEY DE Russell C. Witzke Funeral Homes P.A. NOV 2 25M DHMH - 17 1630 Edmondson Avenue, Catonsville, MD. 21228 (VR A15 ME (5))

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	OREGISTRAR			CERTIF	ICATE OF DEATH	REGINO.	20023
	CEASED NAME	FIRST	WIDDLE	1	AST	20. DATE OF DEATH MONTH	YEAR 25 HOUR
(TYE	VE OR PRINTI	rnon	L.	Ste	edtler	11 ,1	2 86 M
3 St	Х	4 RACE		5. DATE C			IF UNDER LYEAR IF UNDER 24 HRS
J	Male	V	Mite	TIT	10 DAY 05 YEAR	81 /YRS.	NONTHS DAYS HOURS MIN.
Ja E	IRTHPLACE (STATE OR F	OREIGN 76 CITIZ	EN OF WHAT COUNTR'	Y? B	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
. 1	Maryland	us	SA	WIDOWS	_	Baltimore C	ounty MD.
_	ITY OR TOWN OF DEA	TH 11. NA/	ME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
_	Balto. Cty.	931		ord Rd	P.O.Box2835	Ret-Equip. Plann	
13a.	STATE	136 COUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
	Maryland	Baltimon	re		YES NOX	9311 Old Harfor	d Rd. 21234
14 F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	LAST
	John	C.	Sted	tler	Mary	W.	Shroyer
	WAS DECEASED EVER	IN U.S. ARMED FOR		CURITY NO.	17 INFORMANT	ADDRESS	
	No	(IF TES, ONE WAR ON C	217-07-	-4252	Blanche Sted	tler 9311 Old Har	ford Rd. 21234
	18 CAUSE OF DEATH	H (Enter only one ca AS CAUSED 8Y:	use per line far ig. (b ,	and ic	3 min tol	Toring time	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE	(a)	Te 10	main au	H to racery	
	A STATE OF	DUE	TO, OR AS A COAS	PHE S	assure d	110010	5-6 hr
	Conditions, if any,		(b)	7	pundy e	West S	0 111
	couse (a), statin	g the DUE	TO, OR AS A CONSEC	WENCE DE	raa bo	onabove	
		((c)				
NO	PART 2 OTHER SIGN	IIFICANT CONDITIO	ONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART Ira
CERTIFICATION	19a DATE OF OPERA	19N 19b.	CONDITION FOR WHIC	H OPERALIO	N WAS PERFORMED		, WERE FINDINGS USED
TIF	/					YES NO YES	NO [
CER	21a ACCIDENT WAS UNE		TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
A	OR CONTRIBUTING C	MOSE OF DEATH	P.M.	19			
MEDICAL	21d INJURY OCCURE		PLACE OF INJURY		211 LOCATION	CITY ON TOWN	COUNTY STATE
E	WHILE NOT WE	TE I	OME, STREET, FACTORY OFFIC	E FARM ETC)	1	/ 11-	0/
	22a.1 certify that (1)	(this haspital) atter	ided the deceased from	12	715 1971	10_11/12	19 05 , that (I) Ne) last
	sow the decease	d olive on	11/1/10	A	nd that in (my) (ou) apinian	death accurred an me date and hour	
	226. SIGNATURE	h wew h	e body after deam	-	DEGREE		22c. DATE SIGNED
	TO THE	0)74	DSIRY	CAP	ATTENDING Y	MEDICAL STAFF DIRECTOR PHYSICIAN	11/13/26.
		100		0.000		T SWEETON THE LANGUAGE	
	22d. PHYSICIAN'S NA				22e ADDRESS		1 1
			Jr. 665-869	2		Rd. Baltimore, M	aryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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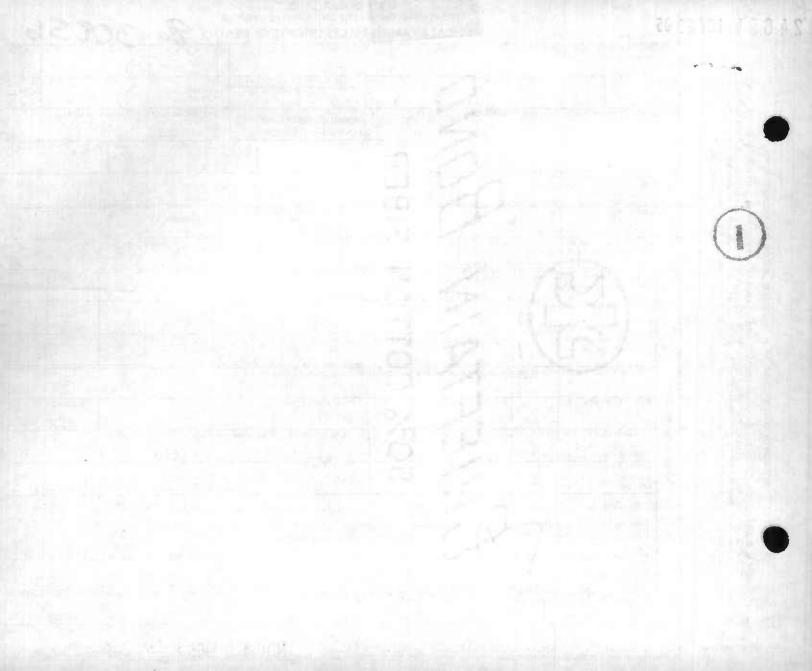
IMPORTANT

Burial
24 FUNERAL DIRECTOR Funeral Lassahn

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWNYX 1. DECEASED NAME (TYPE OR PRINT) ESTI-DE.A. IS NECESSARY, PLEASE 310 THE FUNERAL DIRECTOR IN PAGE 5 FOR YOUR FILES. D BE FILED. WITHIN 72 HOURS RDS. ZOLW. CRESTON STREET. DEATH MATED Ruby Stein 11-14 1986 4 RACE IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 4:43 LAST BIRTHDAY) PRONOUNCED 23 1086 5 DEAD Female White 63 D. M 76 C'TIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS United States WIDOWEDXX DIVORCED Baltimore County, West Virginia IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS Randallstown Old Court Road & Church Lane Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 8414 Church Road Baltimore Randallstown 21133 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST O'Laker Seamen Vernatter Nancy 17. INFORMANMITS. Cynthia Johns Riely 16b. SOCIAL SECURITY NO. 21043 8401 Old Frederick Rd. Ellicott City. 233-30-3766 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, it lany, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO E 3 SHOULD BE UDEPARTMENT CONTROL TO BUR 21a EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOURXXXX MONTH DAY YEAR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING ANOR 4:20 PM CONTRIBUTING CAUSE OF DEATH 11-14 19 86 pedestrian struck by auto 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Old Court Rd & Church Lane, Randallstown, Balto. Co., Md. Autopsy XX 220. I certify that I took charge of the remains described above, held on Accident XX Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 11-15-86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St., Balto., Md. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c, NAME OF CEMETERY OR CREMATORY 11/17/86 Har Sinai Congregation Owings Mills Buria1 Baltimore MD. 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, In 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 8728 Liberty Road Randallstown, MD. (VR A15 ME (5)) 21133 ha Dividson Pandall



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

00	REGISTRAR		CLICITI	ICAIL OI DEATH	R(0.1	10. S	0 0 /
	ECEASED NAME FIRS	Λ 1	NIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
(TYS	PE OR PRINT) Alfre	d G. Ste	phens Sr.		Novemb	per 4 1986	- 1736 M
3. SE	-	14 RACE	15. DATE O	OE BIDTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER LY	
	Male			čh 14 1908 YEAR	78		AYS HOURS MIN.
1	100 10	Caucasi	1	CII 14 1900	the second secon	_ <u>.</u> s.	
	BIRTHPLACE (STATE OF FOREIGH	N 76. CITIZEN OF	WHAT COUNTRY? 8.	NEVER MARRIED		OK COUNTY OF DEATH	Н
1	West Virginia	U.S.A.	WIDOW		Baltimore	County	IM.
40 (CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME		120 USUAL OCCUPAT	ION 126. KIN	ND OF BUSINESS OR
	Randallstown	Baltim	re County Genera	l Hospital	Store Manag	or working life) INDUST	TRY
	UAL RESIDENCE (IF NURSING HO			ANNA INICIDE CITY HAVITCO	La CEDECE ADDRESS	/ 7ID CODE	
130	Maryland B	altimore	Pikesville	YES NO T	13e STREET ADDRESS 7412 ROCKT	idge Hoad	21208
	FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA			
	Joseph A. Stephe	ns	LAST	Estelle Vici	cers MIDDLE		LAST
160	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFMISANIPARGAR	et Stephensaddr	ESS	21208
	NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	215-07-2127	7412 Rockrid		Pikesville	Maryland
					-0		
	18 CAUSE OF DEATH (En	ter only one cause per	line for (a), (b), and (c).1			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	PART I. DEATH WAS C.		ONDINC	annest.			
	17474(1	EDIAIL CAOSE (d)					
-	0.7	DUE TO, OF	AS A CONSEQUENCE OF				
	Conditions, if ony, which	ch ((b) U	entriculon	F. Brille 1	won.	A Samuel and the last	
	gave rise to immedia couse (a), stating the						
1	underlying cause las	DOL TO, OF	AS A CONSEQUENCE OF				
		(c)					
	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PAR	tT lia
O	TORONO HARRIS						
ATI	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF YES, WERE FIN	NDINGS LISED
Ü	THE DATE OF CIERATION	178 CONDI	HONTOR WHIENOTERANC	NA WASTER ORNIED	200 4010151.	IN CERTIFYING CAU	JSES OF DEATH?
TIE					YES NO	YES	NO 🗆
CERTIFICATION	210 ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR PART	1 2)
	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DAY YEAR				
S	(IF EITHER NOTIFY MEDICAL EXA						
MEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	Y STATE
2	AT WORK NOT WHILE		LET, FACTORT, OFFICE, FARM ETC.)				
		Land half and all all a	december 11	/2 10 50	- 1.1	4 1086	
	220 I certify that (I) (this	1 1 / 11	0.0	, 19 3	, 10	, 19 0 6	, that (I) (we) lost
	saw the deceased ali abave, (I) (we) (did) (did)	id nat) view the bady	after death.	nd that in (my) (aur) apinion	death accurred an the a	ate and hour and fram	the causes stated
	22b. SIGNATURE	0		DEGREE		22c. D	ATE SIGNED
	0000	a NO.		ATTENDING	MEDICAL STA	FF	.11
	22d PHYSICIAN'S NAME	1. CEL	ucces a	PHYSICIAN [DIRECTOR PHYSI	_IAN L	1141806
	110 PHISICIAN'S NAME	TYPE OR PRINT)		THE ADDRESS			
3	Allan	J-Chin	CUS	Balt. Co	2017 6	adad	Hros D
23p	BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION		
	Birial	11/7/86		wn Cemetery	Woodlawn	Patt The	ore Maryland
			ineral Directors,		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGI	NATURE
	8728 Liberty Roa	d Randallston	m. Marvland 2113	3 NO	N 8 1900	Alla Trocker	Pandalle

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STATE OF MARYLAND

7 4 3 NOV	11	STATE CERTIFICATE OF DEATH REGINO. TO REGINO.											
	I. DE	CEASED NAME		MIDDL€		LAST		DATE OF DEATH		AY YEAR	26. HOUR		
oge 3 deoth	(11)	LESLEY STOUT						N	OVEMBER 1.	5, 198	6	10:03P _M	
moy er d	3. SE	Х		4 RACE		5. DATE C	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
ector rs of	MA	LE		WHITE		09	09 28 DAY 1915		71	YRS	DAIS	NOURS MIN.	
8 43 000		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	8 MADDIE	MARRIEN NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
400	MA	RYLAND		U.S.A.			WIDOWED DIVORCED		BALTIMORE COUNTY MD.				
113	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HO			DRESSI		12b. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
0 1		RT HOWARD		V.A.M.C., FORT HOWARD			, MARYLAND		Labor Leader Beth Steel				
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or removel.			H (Enter on	ly ane cause pe	r line far (a). (b), a	nd ic						IMATE INTERVAL ONSET AND DEATH	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] [MMEDIATE CAUSE (a)]											
		Canditions, if any, which (the SQUAMOUS CELL CARCINOMA OF MOUTH AND NECK											
deat ove ove rijon,		Canditians, if any,				CELL	CARCINOMA	OF MO	OUTH AND N	ECK			
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equires that signed by Then please to buriol, or njury, or of		underlying cause last.											
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
beer mit.	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATIO			N WAS PERFORMED		20a AUTOPSY?		, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{D} \)		
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OR: OR: FHee		270 I certify that (1) (this hospital) attended the deceased from SEPTEMBER 24, 19.86 thought the deceased alive an NOVEMBER 15, 19.86, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated											
RECT RECT ed for em 2		above, (h) (we) (did) (did nat) view the bady after death. DEGREE											
the the redecher of the redech		Marcia Kane MD					ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			neral Hon	ne of	Dundalk	250 DATER	ES P. BY REGISTOR	No. REGISTR	AR'S SIGNAT	URE	
(VRA 15, 4)	7922 Wise Ave. Dundalk, MD 21222											r. Kandall	

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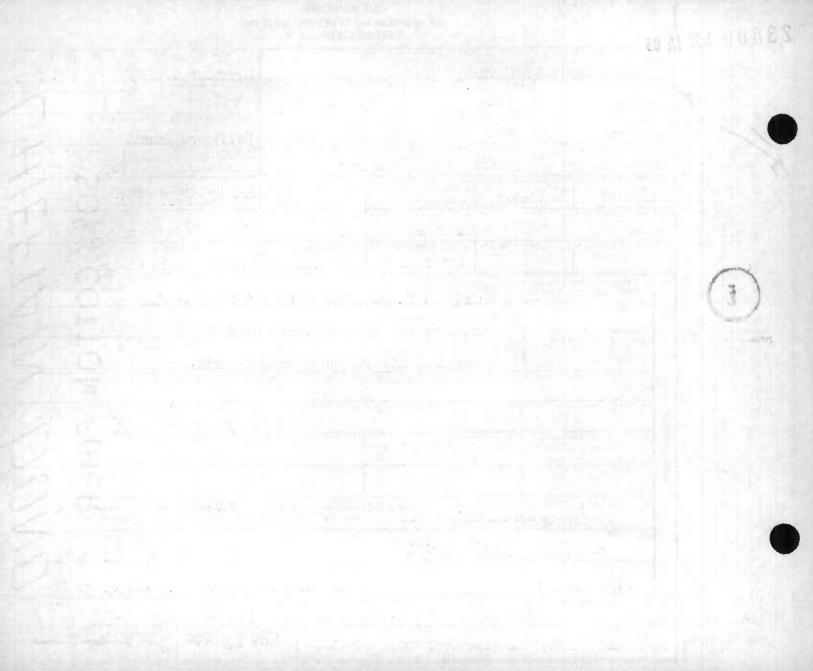
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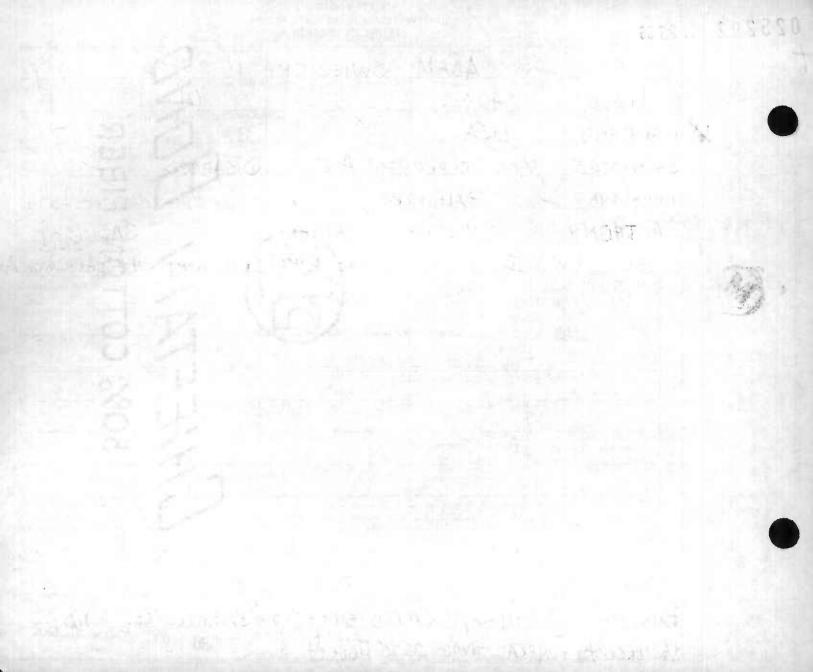
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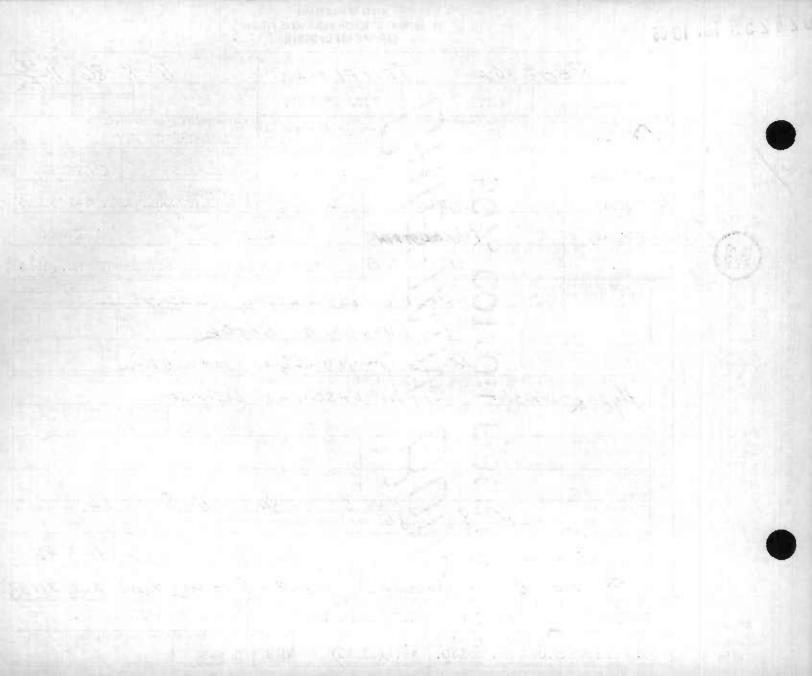




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AL R	he l	Same	TIF			1-1-2			YES NO	YES 🗌	NO 🗌
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STATE OF MARYLAND

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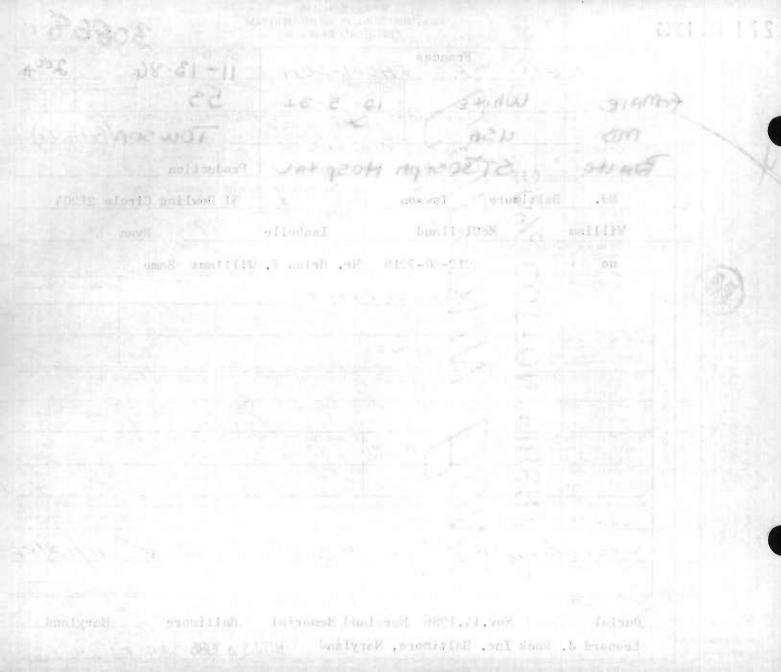
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1	WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17 INFORMANT	ADDRES	Ryan		
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	no	212-	30-7216	Mr. Brian F.	Williams S	Same	ROXIMATE INTERVAL EEN ONSET AND DEATH	
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CAL CERTIFICATION	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DI IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MOI	NTH DAY YEAR	21¢ HOW INJURY OCCURR		YES 🗌	SES OF DEATH?	
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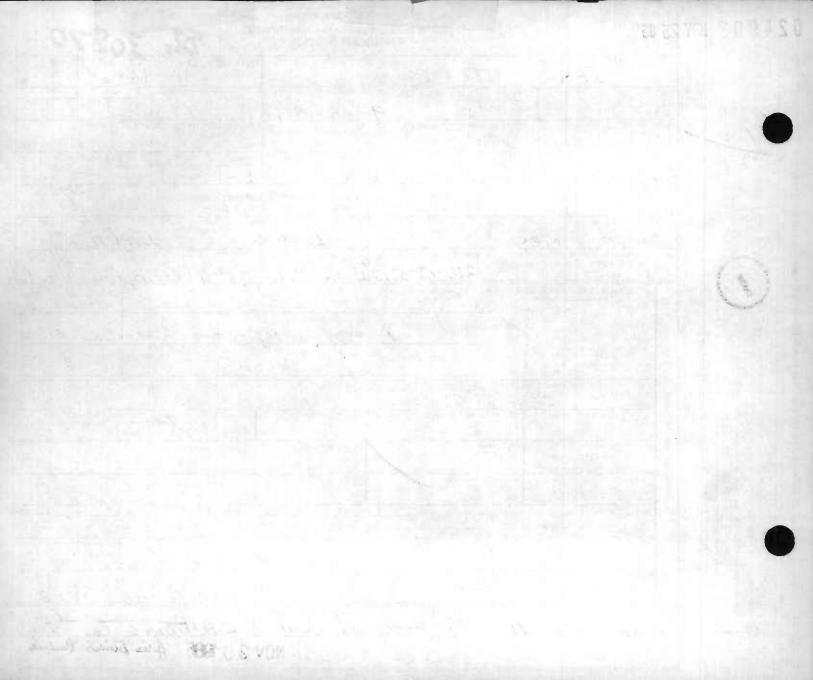
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other tro



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR REG. NO MIDDLE LAST DECEASED NAME 7h HOUR (TYPE OR PRINT) Catherine Thornton 86 4:32A 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) 5 17 1922 **Black** Female 64 7a. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New Jersey Baltimore County DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) Randalls town Housewife Baltimore Co. General Hosp. USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY Reisterstown 13. STREET ADDRESS 12 Sacred Heart Lane 21136 134. INSIDE CITY LIMITS? Baltimore Md. NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Curley Rouinia MIDDLE James Bryan IS SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO NO OR UNKNOWN) 219-14-0672 Anna R. Carter 12 Sacred Heart Ln. 21136 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) PART I. DEATH WAS CAUSED BY. ONGESTIVE HEART IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CAMINO VAICUUM THENUSCIENTIC Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF AND underlying couse REGUNGITA DUN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ATMIAL FIB. (L) PNEUMONE GUMY CENAL T-AILUNG. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NO [YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 9/1/86 22a.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on 10/10 obove (1) (we) (did) did not view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL O FUNERAL ould be deta ith the State DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME ITYPE ORPRINT 22e ADDRESS Dean Tippett M.D. 900 Caton Ave. Baltimore, Md. 21229 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Reisterstown Balto Md. Burial 11-10-86 St. Luke's Cemetery 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ETine Funeral Home Reisterstown, Md. 21136 **DHMH-16 25M** (VRA 15, 4) 1/79

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024993 NOV	25	r ATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE SL :	10870
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age 4 ma sector, pe	1 51	nale	BIACL	5. DATE OF BIRTH MONTH 1 A - 1909	6. AGE (IN YEARS LAST BIRTHDAY) 7 YRS	IF UNDER LYEAR IF UNDER 24 HRS
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AND 21:	D.	STATE 13 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN	YES OF NO	130 STREET ADDRESS / ZIP CODE 4/1 Green Sphin	- 14110 65
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TIMORE		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES) 218-18-792	TELLA M. DI	ADDRESS 9054/16Reens	pring Valley Rd.
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O HOSPI TO FUNE TO FUNE MPORTA		SHAUKAT	Y. KHAN	1528 K1	NG BALTO M	DRIVE D 21228
BP	23s.	URIAL, CREMATION, REMOVAL	23b. DATE 11-86 HE	RELORD CEMETERY OF CREMATORY	BA Mimore	COUNTY CSTATE /
DHMH - 16 60M 7/84 (VRA 15, 4)	N. F	PARAL DIRECTOR P	un 2222 (Nyouch ce NO	V 2 0 1986 256 Julia	RATE SIGNATURALE



injury, or office to

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, term IMPORIATE! If them 21 is markedor lear-US shows ony injury, or other

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR			CE	RTIFICATE O	F DEATH	REG	NON_	309	67/	
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7	USUAL RESIDENCE 130 STATE Md.	13L COUN		ERESIDENCE BEFORE ADMI CITY OR TOWN Baltimore	13d INSI	DE CITY LIMITS?	5221 An	ss / ZIP CODE thony A	venue 2	1206	
2	PIRST H	ugh		rormay		Elizab	neth MIDDLE		Skelt		
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	J	erod L. S	Scott, M.		900	00 Frankl	in Square	Dr.	21237	7	
	230. BURIAL, CREMA (SPECIFY) Buri	al	23b. DATE Nov. 4, 19		of CEMETERY		23d LOCATION CHY OR TOWN	ore		STATE	
	24 FUNERAL DIREC Leona:		k Inc. Ba	altimore,	Marylan	d 250 DAT	3 1986	AR 256 REGISTR	AR'S SIGNATU	RE	

DHMH - 16 60M 7/84 (VRA 15, 4)

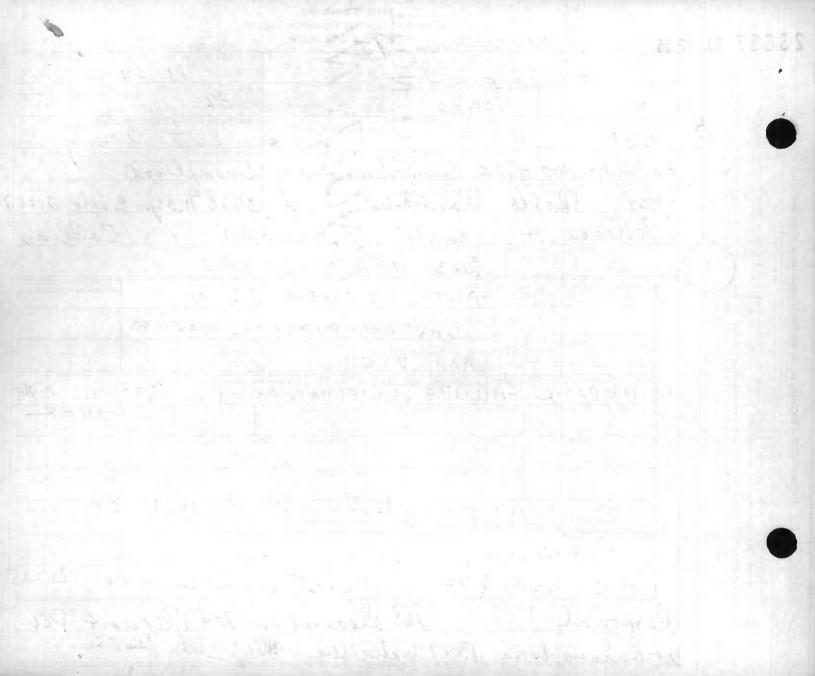
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California and Anna Anna California

Leonard J. Mack Inc. Deltimore, Maryland

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	1	STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
23657 NOV 12	86	REGISTRAR OVENCE 5 6 CERTIFICATE OF DEATH REG. NO. 3 0 8 7 2
m 5		CEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
page 3		LANTZ, S lorrence 1 09 83 1330 M
- +	3. SE	MONTH DAY YEAR 2/1
ars of		M. NEGRO 12 22 53 26 YRS
n. Page	70. BI	RTHPLACE PLATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. BALTIMORE CITY OF COUNTY OF DEATH
de of		MICH U.S. A. WIDOWED DIVORCED
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DEPARTMENT OF CERT

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TUCKER	ISR.)	11	01	86	5:0	6PM
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B 20	35	51	YRS	MONTHE	SIAVE	HOURS	Wile
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	RCED	BALTI	MORE	COL	INT	1	MD.
OR OTHER INSTIT	NOITU	120 USUAL OCCUPAT	ION		KIND O	F BUSINI	ESS OR

CLARK

21213

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT) D. LUCIAN 4. RACE 5. DATI 3. SEX MO MALE BLACK 08 TO. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARE USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CENTER LONGSHOREMAN GREATER BALTO, MEDICAL TOWSON. USUAL RESIDENCE (IF N MING HOME OR OTHER INSTITUTION 130. STATE 13L COUNTY BALTO. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES 3323 RAVEN WOOD AVE. 21213 NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MARY MIDDLE DAN TÜCKER K. ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 216308806 MURIEL TUCKER 3126 RAVENWOOD AVE. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 1 PART I. DEATH WAS CAUSED BY HYPERKALEMIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASCIDOSIS Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 86 NOV. saw the deceased alive on above (1) (we) (did) (dX) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL in PHYSICIAN [22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT)

and that in XXX (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CHARLES ST. . TOWSON. MD. 21201

shauld be deto 23a. BURIAL, CREMATION, REMOVAL BURTAL BP

MARCH

BESTATE

FUNERAL HOME

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY FUNERAL

CITY OR TOWN COUNTY

YES F

COUNTY

24 FUNERAL DIRECTOR

1101 E. NORTH AVE

HOME DUNN 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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10 91 65 5:008

YTHUSE BRUMITIAS

UTTE N. CHAPLES ST., TOWSON, MB. 2120E

ALME YEAR

RENAL FAILURE

ABC100318

TOWSON, MD DEED BALTO. MEDICIL CENTER

10 . VOV. 01 86 T. 13 86 NOV. 01 86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		EASED NAME	FIRST	A	AIDDLE	L.	AST	20. DATE OF DEXTE		DAY YEAR	2b HO	UR	
	(TYPE	OR PRINT)	Walte	r Ben	jamin	Turnba	ugh		11	20 86	12:	15Pm	
	3. SEX		4 RACE	100	5. DATE C		6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YE		R 24 HRS		
	10	Male		White		Aug	ol noon	65	YRS		5 HOURS	MIN.	
1		BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?					NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
2		Maryland U.S.A				WIDOWE	D DNORCED	Baltimo					
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2	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	E		LAST		
1		Walter			furnbau	~	Bertha	May			yday		
		(AS DECEASED EVER		MED FORCES?	166. SOCIAL SE		17 INFORMANT	122	Wilga	te Road	1		
		Yes		WW II 212-12-447			Margaret Tur	lls. Md.					
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b),	ond (c).)	ATT OF THE STATE O			APPR BET WE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	34.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Pneumonia											
		DUE TO, OR AS A CONSEQUENCE OF											
	7.7	Conditions, if ony, which (b) Metastatic lung Cancer											
7		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cause last.											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA											
2	N O												
7	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF D			TH?	
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9		OR CONTRIBUTING CAUSE OF DEATH			M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 1	B PART I OR PART	?)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e, PL			M. OF INJURY								
3	ME				E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY O	RTOWN	COUNTY		STATE	
		220.1 certify that (I)		ital) attended the	e deceosed fro	m11	/4. 19.86	1 ·	1/20	, 19_86	_, that (1) ((we) lost	
	Ĺ.,	sow the deceased alive on 11/20 19 86, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (and) (did not) view the body after death.											
		77% SIGNATURE DEGREE										1	
		22d. PHYSICIAN'S N	5	JIM W	1		ATTENDING PHYSICIAN [MEDICAL S		1/	120	16	
	Arthur A. Smith, M.D. G.B.M.C.												
	23a B	URIAL, CREMATION,				3. NAME OF C	EMETERY OR CREMATORY	123d, LOCATION					
		SPECIFY) Burial	VAI				en Mem. Garde	CITY OR TOW		Carroll	. Md.	STATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RISTRAR MIDDLE DATE KNOWN DECEASED NAME DAY (TYPE OR PRINT) ESTI-Vernon DEATH MATED 21/19 86 Tynes 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED M DEAD 21/1986 PM Th. CITIZEN OF WHAT COUNTRY? Ja-BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED _ DIVORCED Baltimore County LO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING (UFE) UNK OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Baltimore County General Hospital 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13r CITY OR TOWN OWINGSMILLS MD ROSEWOOD NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE TYNES EDNA MIDDLE GEORGE CLARK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS I (IF YES, GIVE WAR OR DATES) 218-76-8293 NO EDNA GREEN 432 E. LORRAINE 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Congenital Anomalies-Down's Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 21e PLACE OF INJURY (ATHOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Deputy ChiefeDICAL EXAMINER 11/22/86 SIGNATURE EXAMINER'S NA PAGE APTER BALTU 111 Penn St. Dixon, M.D. TYPE OR PRINTA Ann M. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 11-26-86 BURIAL KING PARK RANDALLSTOWNE 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) Julia Devideon Pandage MARCH

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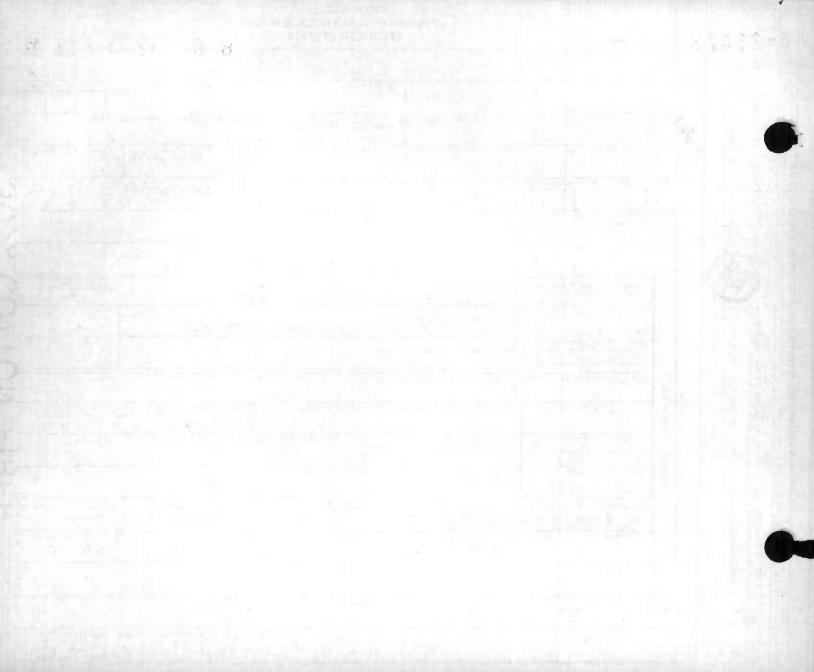
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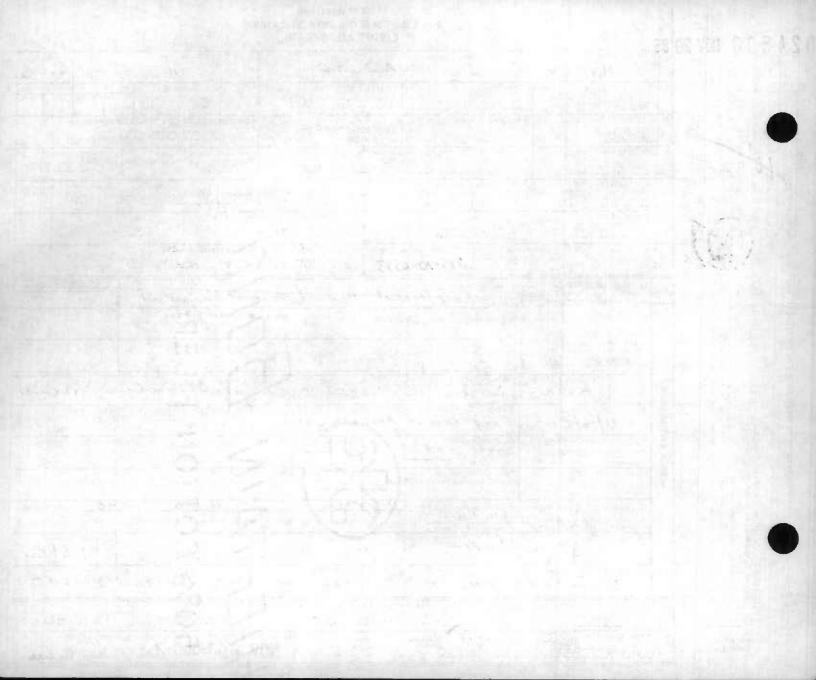
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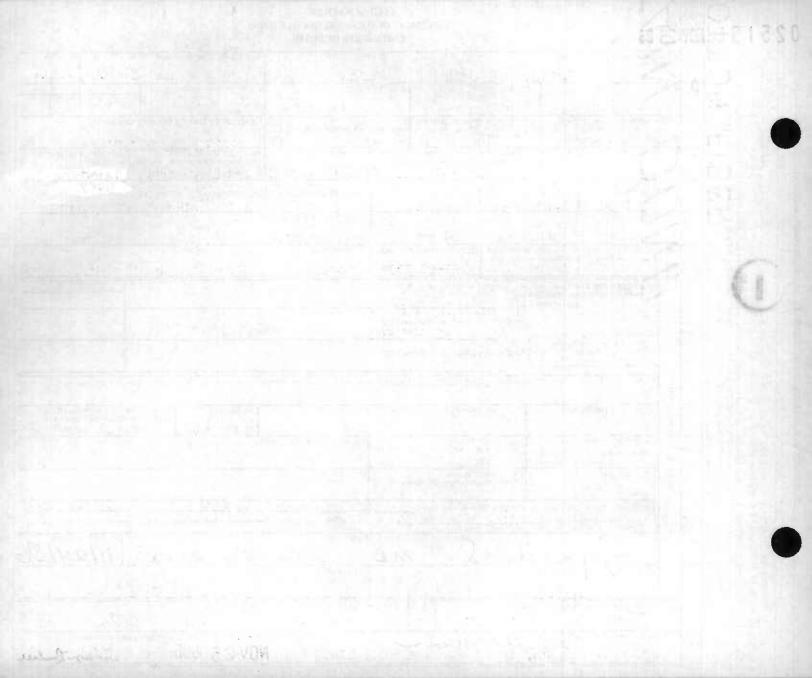
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STATE OF MARYLAND	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the hospital or attending physician.

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DEPARTMENT OF HEALTH AND MENTAL IT COMMORNE

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Ī		EASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	MONIH C	DAY YEAR	26 HOUR		
ı		WILSON	N CLOYD	WAH	RREN	NOVEMBER 2:	3, 198	36	11:10A		
1	3 SEX		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE	IF UNDER 24 HRS		
	MA	LE	WHITE	10	22 1897	89	YRS				
V		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH			
1	Ma	ryland	U.S.A.	WIDOWE		BALTIMORE	MD.				
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF BUSINESS OR			
6	FO	RT HOWARD	V.A.M.C., FOR		, MARYLAND	Surveyor	+ WORKINGO (III		Engineer		
100	13a. S MA	RESIDENCE (IF NURSING HOME OF TATE 13b. COUN RYLAND THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A			1207		
p		FIRST	MIDDLE LAST		FIRST	WIDDLE		LAS	T		
d		nknown	usa sanssaa Ivu sa suu		Unknown	ADDRE	CC				
	14		E WAR OR DATES	SECURITY NO.	17 INFORMANT			******			
	YE		F=: =0		CLINICAL RECO	DRDS, VAMC,	FORT				
i		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE						BETWEEN	MATE INTERVAL ONSET AND DEATH		
1		IMMEDIAT	TE CAUSE (o) CARD TOPU	LMONARY	ARREST		1 /				
ı			DUE TO, OR AS A CONSI	EQUENCE OF							
1		Conditions, if any, which gove rise to immediate	(b)								
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF							
			(c)	TO DE ATIL BUT	NOT DELL'ATTE TO THE TEN			1			
	Z	PART 2 OTHER SIGNIFICANT (DITION GIV	EN IN PART 110			
-	CERTIFICATION	PNEUMONIA; S/P	LEFT C.V.A.; S	S/P MYOC	ARDIAL INFARC	200 AUTOPSY?	70b IF YES	S, WERE FINDIN	AGS LISED		
	IFIC					YES NO X	IN CERTIF	YING CAUSES			
1	ERT	21g. ACCIDENT WAS UNDERLYING	3 21b. TIME OF INJURY		21c. HOW INJURY OCCURE				NO []		
		OR CONTRIBUTING CAUSE OF DEA									
	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION		-				
	M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
		22a.1 certify that (I) (this haspi	tal) attended the deceased fr	om NOVEME	ER 3 19 86	to NOVEMBER	23	19_86	that (I) (we) lost		
		sow the deceased alive of	NOVEMBER 23	19 <u>86</u> or	d that in (my) (our) opinion o	death occurred on the de	ate and hou	ir and from the	couses stated		
	-	22b. SIGNATURE	th view the body offer death.		DEGREE			22c DATE			
		20%	M	1	ATTENDING PHYSICIAN	MEDICAL STAI	IANKK	11/2	3/86		
	191	224 PHYSICIAN'S NAME (TYPE O	IR PRINT)		22e ADDRESS						
		BALA DUGGIRALA	A, M.D.		V.A.M.C., FC	ORT HOWARD,	MARYI	LAND			
	23a B	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		POUNT	STATE		
	B	urial	11/26/86	Green M	ount Cemetery	Baltimor	e Cit	y. Mary	land		
		NERAL DIRECTOR			250. DAT	E REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNAT	URE		
1	וויין ו	TAMES N. KOTS	TS FIINERAL HOW	IE. 6/11	Windsor Milli	MRGZ d. 1000	11 , 0	put 3,	U.S. Commission		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cishould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

14 H.C 11 E

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LETTER (TO LETTER OUT) COMPONENT LAND LETTER

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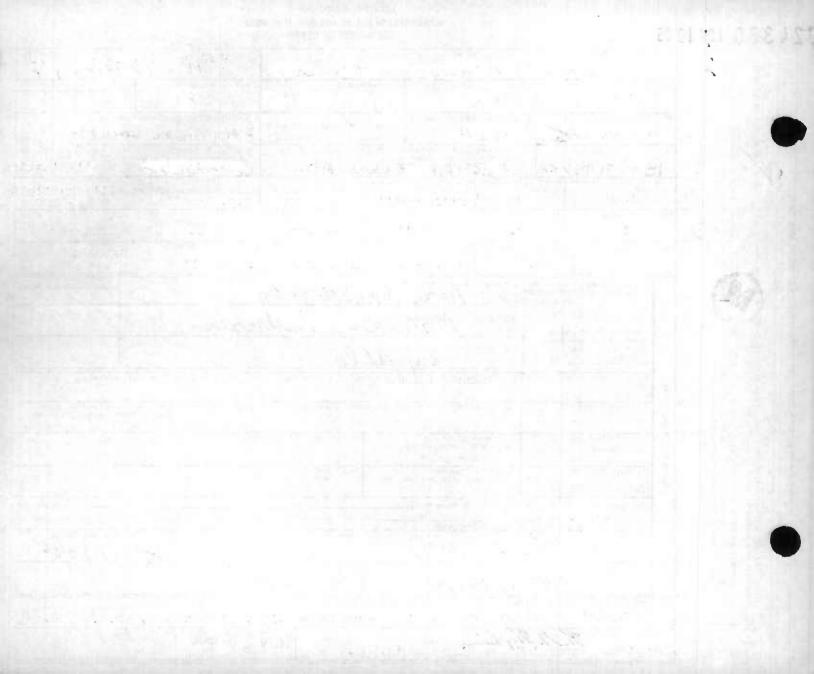
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital or attending physician.

BP.

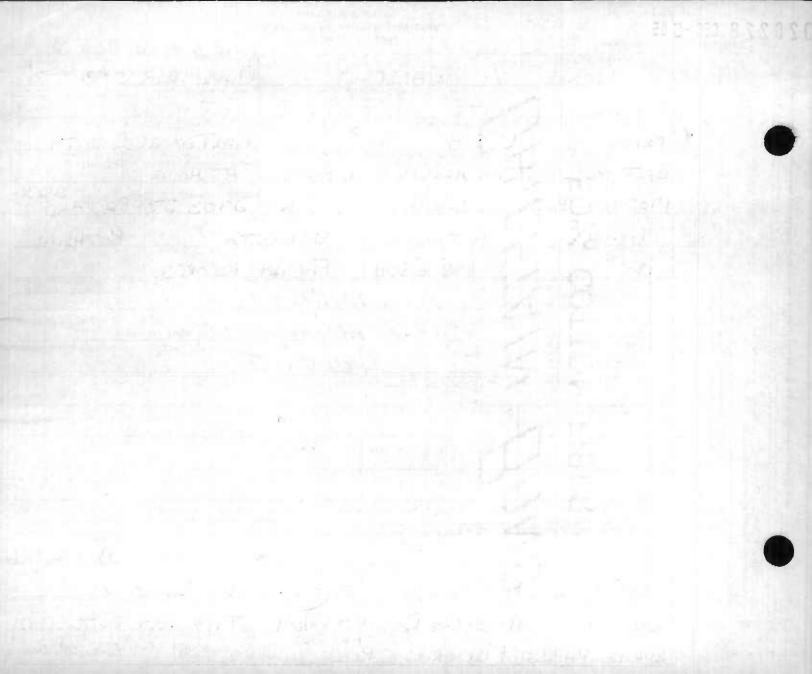
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

1 10	66	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY ICATE OF DEATH	GIENE & REG. NO	o. ***	0 8	8 3
		EASED NAME OR PRINT)	FIRST EORGE	ALB:	ERT	WASSE	ELL , SR.	20. NOVEMBER	MONTE 6	1986	26. HOUR O
	3. SEX	Male		White		5. DATE C		6 AGE (IN YEARS LAST PIR)		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
133	C	ATHPLACE (STATE OF Maryland TY OR TOWN OF DE		U.S.A.		WIDOWE	NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED	BALTIMORE CITY O	Re C	unte	1 MC
58	6	BALTIM IL RESIDENCE (IF NUE	ove	STJ	SEPH	OUSO		Mach. Oper	WOOKH IG LIFE)		Plasti
35	130 S Ma	ryland	1136 COUN		13c. CITY OR TOWN	N		P.O. Box 1	ZIP CODE 21	Miller	sville 21108
20	14. FA	Walter		J.	Wassel	.1	Margaret	MIDDLE E .		Brunn	er
2		AS DECEASED EVER ES NO OR UNKNOWN) NO		WAR OR DATES	214-05-0		Mrs. Esther			Same a	S
y, ar ather traumatic ever		Conditions, if on gove rise to im couse (o), stoti underlying cous	y, which imediate ing the e lost	DUE TO, OF	R AS A CONSEQUE	NCE OF MIRAL	Ca. NOT RELATED TO THE TER.	MINAL DISEASE OR CONI	DITION GIVE	N IN PART 1 (c	
O ony inlor	CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
ea 18 sh		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU				,,,,
=	MEDICAL	214 INJURY OCCUR	RRED	21e. PLACE (21f LOCATION STREET	CITY OR TO	vN	COUNTY	STATE
rked or		AT WORK AT WO	ORK				ES. 1791 MADO				
If Item 21 is marked ar	,	22a 1 certify that (I) (this hospit	ol) attended the		, on	d that in (my) (our) apinior DEGREE ATTENDING	MEDICAL STAF	te and hour		, , ,
MPORTANT: #		22a 1 certify that (I	IAME (TYPY OF	S He	etter death 19_	, on	d that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAF	te and hour		hat (I) (we) last causes stated



	0000000		FOR		TATE OF MARYLAND		
12	6223 DEC -5	qa	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE	A 0 0 1
		1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ay be ooge 3 death	[TYP	ORPRINT) DORIS	V. Wassi	700	DOVSMBSR 2	15.1984 8:50 M.
	E 4 5	3. SE	X X		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Poge 4	_	EMALS	WHITE OF	T- 27, 1921	65 YRS.	MONTHS DAYS HOURS MIN
1	100	0	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
3	death The The The The The The The The The Th	<u> </u>	L O O	11. NAME OF HOSPITAL NURSING HO	OWED DIVORCED DIVORCED	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	oy the led will	0	snon The	(IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS		(TYPE OF WORK EOR MOST OF WORKING LIE	E) INDUSTRY
2120	our in b	USU.		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	(IN)	13e.STREET ADDRESS / ZIP CODE	0 21234
AND	filled hadde	3	ARYLAND BAL	TIMORE CARNEY	YES NO	2903 JOP	PA ROAD
ARYL	and a share	14 F	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
E MA		16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY N	O. 17. INFORMANT	ADDRESS	KOTHLINE
BALTIMORE	n and col	(VE WAR OR DATES)	Fam.14	RECORDS	
TIA	sicion oli.		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), and (c),	11 111111111111111111111111111111111111	- MILURUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST. B	400		PART I. DEATH WAS CAUSE	TE CAUSE (0) CACDES	Chslike Tox	Cy ARABST	STANDONS TANDONAN
	e poot			DUE TO, OR AS A CONSEQUENCE C	11/1 00	101.	
PRESTON	the deat the atter remove (emotion, er fraum		Conditions, if any, which gove rise to immediate	(b) 000 CV 12	THE ATERIAL	. Is ansin	
3	se r cre		couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C	BED Cono	6.)	
201	0 2 5		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIV	EN IN PART 1101
ORDS	requires	NOI					
DIVISION OF VITAL RECORDS.	n. no bee law r no bee permit. waany	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
ITAL	AN: The lo hysicion. Incore hos roonsit per Hygiene i 18 shows	CERT	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P.	S NO NO
OF.	HYSICIAN: The duag physicion is certificate in buriol-transit Mentol Hygie ar them 18 sho		OR CONTRIBUTING CAUSE OF DEA		AR		
NOIS	PHYSIC ending this cert are burial and Mentind dar Iten	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, DEEICE, FARM, ETC.	211 LOCATION	CITY OR TOWN	COUNTY STATE
NO	DING PH or offent this is as the I olth and morked o	_	AT WORK AT WORK				
	The Same		sow the deceased alive on	ital) attended the deceased from	and that in (my) (pur) ppinion d	, to	19, that (I) (we) lost
	REC REC		obove, (I) (we) (did) (did no 22b. SIGNATURE	of) view the body ofter deoth.	DEGREE		22c DATE SIGNED
	0 4 0 40		2		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Dov. 24 1984
	HOSPITAL need by 11 FUNERAL Juld be det 1 the State		224 PHYSICIAN'S NAME (TYPE O	^ -	22e. ADDRESS)
	TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: H		DR-IARIQUE	H. FIROLVI	1223 742	IERA BLVO.	
		230	SURIAL, CREMATION, REMOVAL	236. DATE 236. NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
	8P	24. FI	URIAL JNERAL DIRECTOR	000	OHAR FOR 250. DATE	REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)	5.	VANS CHAPEL	OFMEMORIES	ROAD DE	C 4 1986 Asia	
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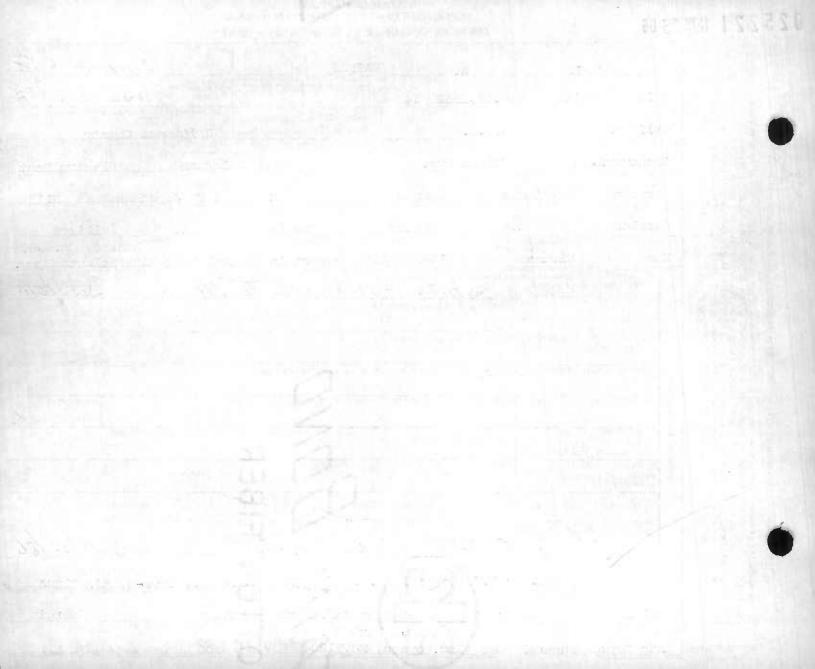
STATE OF MARYLAND 025221 NOV 255 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME 2 DATE KNOWN ET (TYPE OR PRINT) OF DIRECTOR.

YOUR FILES.

Y 72 HOURS

TON STREET, DEATH MATED WATERS JAMES 3 SEX 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED Male White Feb. 25, 1952 DEAD 34 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY California U.S.A. DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFET OR INDUSTRY Cockeysville Wright Ave. Salesman Electro Rent ISUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Sparks NO 🔽 4 F Jonathan Path 21152 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles R. Waters Gracie Ellison 166 SOCIAL SECURITY NO 7 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Athens, Ga.30606 Yes Vietnam 213-58-7454 Funeral Home-3195 Atlanta Howy 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21g EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Natural causes ACTUAL SIGNATURE EXAMINER'S NAME Charles F. O'Donnell, M.D. ADDRESS 7501 York Rd. (TYPE OR PRINT) Towson 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Burial 11-24-86 Evergreen Mem. Park Athens Georgia BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Rd. **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 Deorder

20M 4/B2



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST MIDDLE (THRE CHIPMENT) arion 1. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 1-01-1007 Fimuly TE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED camia NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE IN SURSING B THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE ukervitle YES Y NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE bena 146 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES THE CHINKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (PART I. DEATH WAS CAUSED BY 5 hocals IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which 250 Cennust ConDicec gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. WMYCCCADICI INFURCTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. Sec_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION DHMH - 16 60M 7/84 uneral Chapel- Honapolis, MI (VRA 15, 4)

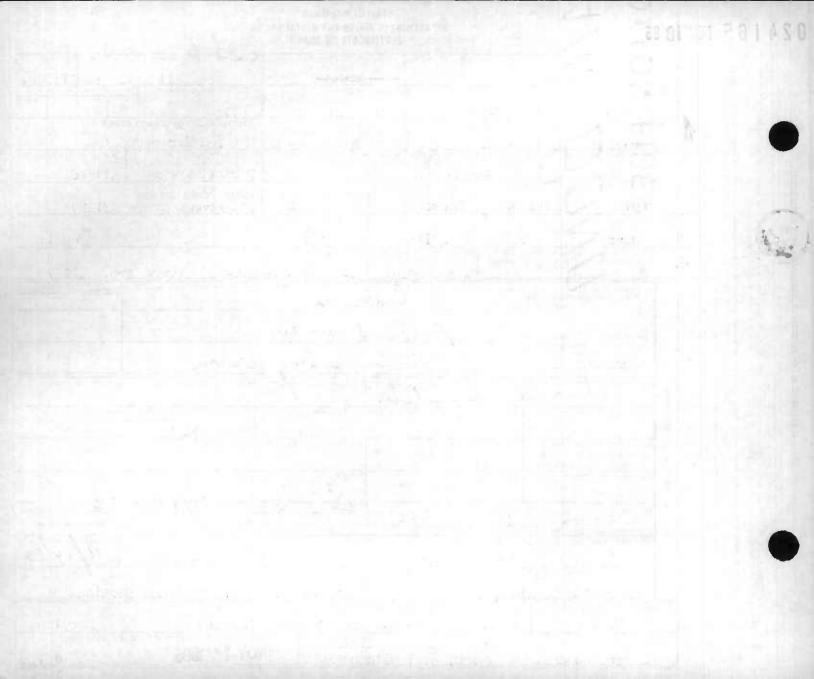
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AT STATE CERTIFICATE OF DEATH MIREGISTRAR 1. DECEASED NAME JOHN P. WEBER 86 JOHN 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS CAUCASTAN MALE Ja-BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** STATE OR FOREIGN NEVER MARRIED BALTIMORE COUNTY DIVORCED | MARYTAND CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON INDUSTRIAL. SPECIALIST 13. STREET ADDRESS / ZIP CODE 8212 ANALEE 13a STATE ROSEDALE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST WEBER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 219229258 NANCY MACDONALD 1507 WEYBURN RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY LET MSTASUS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (ANCED UNG Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ial-tronsit p NO / YES [NO [210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 94 St. Joseph Hospital Towson 23 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 236 DATE STATE CITY OF LOWIN BURTAT BALTO FATTU MD. DHMH - 16 60M 7/84 The Dividen Pondage (VRA 15, 4)

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LANN CICCA	15	REGISTRAR			CERTIF	CATE OF DEATH		NO.	508	800
		CEASED NAME FIRE OR PRINTI	51	MIDDLE	l L	(ST	20. DATE OF		DAY YEAR	2h HOUR
ay be age 3 death	1	Ed	ith	L.	We	bster		11-	22-86	110m
e d e	3. SE	//! -	4 RACE	1	5. DATE O	F BIRTH	& AGE (INY	EARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
oge 4	6	temale	W		MONTH 7	-16-26	ni kumi	60 YRS.	MONTHS DAYS	HOURS MIN.
4 30 20	/a. B	IRTHPLACE (STATE OR FOREIG	/	OF WHAT COUNTI	RY? 8. MARRIEL	NEVER MARRIED	BALLIMO	RE CITY OR COUNT	TY OF DEATH	1
o o		aryland	/ US		WIDOWE	DIVORCED	D 120	etimoli	- Cour	ty MD.
the t	10:0	ITY OR TOWN OF DEATH	III. NAME C	SUCH FACILITY, GIVE ST	REET ADDRESS)	R OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING		FAUSINESS OR
20 20 20	1	lowson	51.	JUSEP	H 1/05	PITAL		emaker.		Mark Control
bound be	USU 13a.	AL RESIDENCE (IF NURSING	OME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS	2 13e STREET A	ADDRESS / ZIP COL	Balto	.Md.
AN 22		MD	Carly 191	Salt	more	YES NO	1221	PATAP	SCO ST.	21230
RYL STATE	1	ATHER'S NAME	MIDDLE	LAST	Harman	15. MOTHER'S MAIDEN		MIDDLE		
W P D	V	Emil	C.	Font	Z	Ed:	na		De	W
ORE,	164/	VAS DECEASED EVER IN U.	S. ARMED FORCES			17. INFORMANT		ADDRESS		
rede be executed within 24 http://www.completely.filled.com.com.com.com.com.com.com.com.com.com		No	ES, ONE WAR OR DATES	220-24	1-5596	Merri-To	odd Web	ster, Sam	e as a	bove
NA SA		18 CAUSE OF DEATH (En	ter only one cause p	per line for (a), (b),	ond (c).1					MATE INTERVAL
		PARTI DEATH WAS C	AUSED BY: EDIATE CAUSE (o)_	CAIN	INC AN	rest			1 00000	
NO STATE OF				OR AS A CONSE	OUENCE OF					
death death of other death from a gournal		Conditions, if any, whi		CON	VATU A	whery disco	se.		1040	ars
he o he o emo		gove rise to immedia couse (o), stating t								
by t by t by t cre orhe		underlying couse la		OR AS A CONSE	OUENCE OF				0 - 16	
20 res the plec		PART 2. OTHER SIGNIFIC.	ANT CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT BELATED TO THE T	EDAAINI AL DISEASE	OR COMPITION C	IVEN IN DADY 3	
RDS,	Z	12 400	madic NL	east D		7 1		OK CONDITION G	IVEN IN PART 110	
beer mit.	Ē	19a DATE OF OPERATION	196. CON	DITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTO	PSY? 20b. IF Y	ES, WERE FINDIN	GS USED
hos hos	1 1 1						YES 🗆	IN CERT	IFYING CAUSES	OF DEATH?
VITA Nysicio cote ronsit Hygie 18 sh	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW INJURY OCC		- Caller		NO 🗌
Participation of the participa		OR CONTRIBUTING CAUSE	OI DEATH	A.M. MONTH						
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death certi- outending physician. After this carrificate has been signed by the attending st the burial-transit permit. Then please remove arriving the ond Mental Hygiene prior to burial, cremation. orked or them 18 shows any injury, or other traumal	ME	WHILE NOT WHILE E	LATHOME	STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
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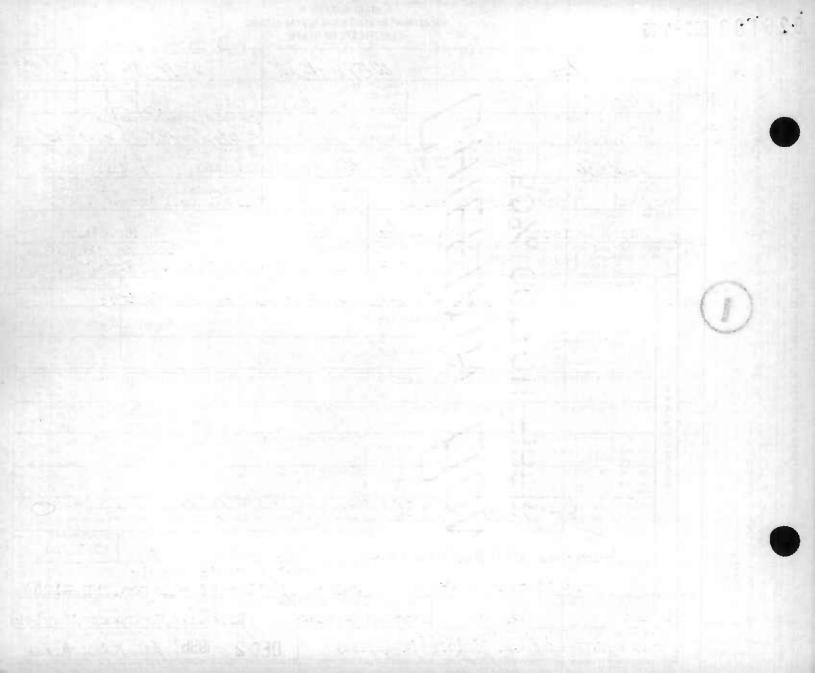
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO.Y DATE KNOWN KNOWN OF ESTI-TO THE FUNERAL DIRECTOR.

1 PAGE 5 FOR YOUR FILES.

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10 TO STREET, Randall DEATH MATED Welch 23/19 86 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH YEAR 2c. DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 3 MOR DEAD 19 86 A RIRTHPLACE S-BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED Baltimore County, 0. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS OR INDUSTRY Essex USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? RFORD 14 FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) LIFYES, GIVE WAR OR DATES) SAME AS 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON STA AL - TRANSIT PER MENTAL HYGIENE, N. OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES W NO L 3 SHOULD BE DEPARTMENT BE 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PRIOR 2 le PLACE OF INJURY LATHOME. 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21: 22a. I certily that I taok charge of the remains described above, held on Inspection ond in my opinion deoth resulted fram: Notural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL AssistantedICAL EXAMINER 11/24/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS Penn St BP. 07/B4 25M **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) poge 3 Gilbert I. Whitmer November 19, 1986 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR Dec. 17, 1898 M Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY! Baltimore Co., USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Towson 1119 Gypsy La. Executive Insurance BALTIMORE, MARYLAND 212D1 UDUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Baltimore Towson 1119 Gypsy Land W 21204 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Emma Maranthia Cornwell Charles Franklin Suffray Whitmer ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 214 16 6677 Mrs. Otelia M. Whitmer 1119 Gypsy La. W -04 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE & Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITE OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (1) this haspital) attended the deceased from sow the deceased a 8 6, and that in (my) aprinion death accurred on the date and have and from the causes stated DEGREE NATIONAL STAFF 724 PHYSICIAN'S NAME 22v. ADDRESS should b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial Timonium, Md. STATE 11/21/86 Dulaney Valley BP. NOV 2 1 1986 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. Julia Sivideo Pendas (VRA 15, 4)

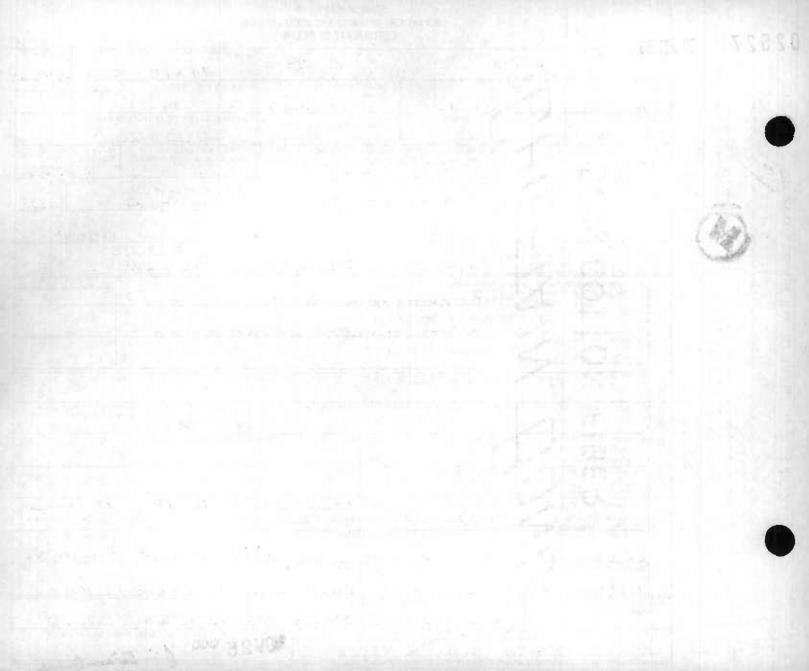
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0 2 4 1 0 5 NOV 18 05 STATE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20 DATROF DEATH (TYPE OR PRINT) 6:52P OTHA WILHELM Love 11 186 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH YEAR FEMALE CAUC 1917 8 Aug. To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED BALTIMORE COUNTY Arkansas USA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TOWSON GEMC -6701 N STRECHARLES ST. TYPE OF WORK FOR MOST OF WORKING LIFE Dept. of Government Inspector (Retired) Defi 136 STREET ADDRESS / ZIP CODE 15625 Carroll Rd., 21111 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Defense 13d. INSIDE CITY LIMITS? Baltimore Monkton Maryland NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Thompson Cash D. Leona James Love ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Wm. B. Wilhelm, 15625 Carroll Rd., 21111 430-18-6382 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DIFFUSE METASTATIC DISEASE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. OSTEOSARCOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 11/14 10 86 220. I certify that (I) (this hospital) attended the deceased from 19 86 sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED 11/14/86 ATTENDING MEDICAL ld be deto the Stote I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS IMPORT/ P.PHILLIPS, M.D. GBMC-6701 N. CHARLES ST. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Md. Monkton United Meth. . Monkton Balto. Burial Cem. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Martin D. Lawson, 10 W. Padonia Rd., 21093 (VRA 15, 4) Deviden

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- O	n. nes b	5	문					0	- THO TEN ONNED		IN CERTIF	YING CAUSES	OF DEATH?
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VISI	er the	ked	Σ	WHILE NOT WHILE	E 🗍	(AT HOME, ST	REET, EACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	VN	COUNIT	STATE
ā Z	Afte e os otth	TO.		22a I certify that (I) (l) materials of all	ha danned fra-	11 -	- 14 108-6	to 11 - 1	C	9 26	1
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A FIA	Spiral of to	12		sow the deceased above, (1) (we) (di	d) (did not)	view the body	y ofter death.		nd that in (my) (our) apinian d	eoth occurred an the do	te and haur		
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0	TO F shoul	ž -					CUS 12				MARCO	/ //c	150
			23a. f	BURIAL CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
E	3P				1477		20,1986 M	OSES	MONTEFIORE WO			BALTO.	, MD
DUI	MH - 16 60M	7/84	24 FI	JNERAL DIRECTO SO	LEVI	NSON &	BROS. IN	IC.	250 DATE	REC'D. BY REGISTRAR	Sh. REGISTR	RAR'S SIGNAT	URE
DHI	/VRA 15 4		6	OI ORETSTERS	STOWN	RD. P	BALTO ADDRESS ME	21	215 AUV	25 400	1		



00-23074 director, page 3 hours after death

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKTII	ICATE OF DEATH	13	REG. NO). T	7	1 1	3
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF		MONTH TOA	AY YEAR	26 HOUR	-
	(ITPE		Walter	L.	W	ILLIA	MS SR.	Novem	ber 1	. 1986		9:30 p	м
	3. SEX	Х		4 RACE			OF BIRTH	6 AGE INY		HDAY) IF	F UNDER I YEAR	IF UNDER 24 HR	
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1		RTHPLACE ISTATE C			WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY O	R COUNTY C	OF DEATH		
Ì		ltimore,		USA		WIDOW				County		٨	AD.
Rossville 21237			21237	Franki	in Sq. striff	spit	DR OTHER INSTITUTION	Mecha	OCCUPATION NO STOR	Repare	FBUSINESS C	R Mp	
1	130 S	AL RESIDENCE (IF NO STATE aryland	136. COUN					13e.STREET ADDRESS / ZIP CODE 12930 Princeton			- T-	21220	
~	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		1.45		
1		Char	cles F.	Willia	ms		Emma	Marie	Cla	rk	LAS.	,	
		NAS DECEASED EVE YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU 214 22 3		Mary Jane Wi	lliams,	ADDRE:		Same		
		18 CAUSE OF DEA	ATH (Enter or	ly one couse per	line for (a), (b), and	d (c·					APPROX 8FTWEEN	MATE INTERVAL	=
		PART 1. DEATH		D BY: TE CAUSE (a)	Cardiopu	Imona	ry Arrest					OBSC! AND DEA!	
		DUE TO, OR AS A CONSEQUENCE OF											
1		Conditions, if ony, which (1b) Chronic Renal Failure											
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											_
	-	underlying couse lost. (c) Metastatic Cancer											
9		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								NI INI DART I		=	
	NO					DOT	NOT KEERIED TO THE TERM	MINAL DISEAS	E OK COINE	ALION GIVE	N IN PART III	0	
2	CERTIFICATION	190 DATE OF OPERATION 196 CON			CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED			VGS LISED	_	
4	FF	100						IN CERTIFY			ING CAUSES OF DEATH?		
-	ERT	21a. ACCIDENT WAS U	INDERLYING T	216. TIME O	F INJURY			YES NOW YES					_
1		OR CONTRIBUTING	CAUSE OF DE	TH HOUR A.	M. MONTH DA			LEINIEK INA	TORE OF INJUR	I HATIEW IS FAR	TORPART 2)		
Y	MEDICAL	214 INJURY OCCU				19						199	
	ME		WHILE		EET, FACTORY, OFFICE F	ARM. ETC.)	21f LOCATION STREET		CITY OR TOV	VN.	COUNTY	STATE	
4		AT WORK	VORK										
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9	7.3	obove (we)	(did) (did	November body	after death		nd that in (mg) (aur) apinion	death accurre	d on the do	te and have a			
		226. SIGNATURE	/	/			DEGREE 224. DATE SIGNED						
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4		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS		0.000				
		G. Johns	on, M.	D.			9000 Frankli	in Squa	re Dr	ive. 2	1237		
		SURIAL, CREMATION			23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOC A	ATION				=
	-	SPECIFY)		11/5/	/86 Ho	lly H	ill Memorial	Gardens	B B	ltimo	re Co.	Md. Md.	
1	74.FU	INFRANCIPECTOR	7/1	unda	enoly,		25a. DÁT	É REC'D. BY R	EGISTRAR 2	The REGISTRA	AR'S SIGNAT	URE	-
-	Bre	izdzinski	Funer	al Home	PA 1407	Old E	astern Ave NO	V 5 1	986	Julia D	ander.	Kandall	

DHMH - 16 60M 7/14 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept of Health and Mental Hygiene prior to by IMPORTANT: If hem 21 is marked or them 18 shows ony injury

PHYSICIAN: The

retained by the haspital or attending physician

BP.

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR. (A) 1915 (1916) (1916) (1916) (1916)

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Female	White					DEAD/	Vamby 2	6 1086 67M
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New York	•					□ □ Baltim	ore Count	Y MD.
ID CITY OR TOWN	OF DEATH			E, OR OTHER INS	TITUTION	124 USUAL OCCUPATION	TYPE OF WORK 12b	KIND OF BUSINESS OR INDUSTRY
Towson		Multi-Me	edical Cent			Homemaker		wn Home
					SIDE CITY HIMITS?	11. STREET ADDRESS		
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Stephe	en		Orlick	Jo	sephine	Moote	Hra	balek
160. WAS DECEASE	DEVER IN U.S. AR		16b. SOCIAL SECURIT			19237-	2 Index S	t+.
No	111 123, 0112	WAR ON DATES!	212-05-06	15D Ca	rl J. W.			
18 CAUSE C	OF DEATH (Enter on	ly one cause per ly	or (o), (b), and (e).)	1.1	M	/ 0 .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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1 87	8		AS A CONSEQUENCE	OF	, ,		11-11-11	
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cause (a) stating the <u>under</u> -		AS A CONSEQUENCE	OF		/		
lying con	use idsi.	(c)	ASC.	VI				55 The
	IGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1 (a).		1
o N								U
3 190 DATE OF		196 CONDIT	TION FOR WHICH OPER	RATION WAS PER	FORMED?	./	2	0. AUTOPSY?
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				21c. HOW INJ	JURY OCCURRET	LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
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WHILE F	DCCURRED			216 LOCATION	N 1	CITY OR ICINE	COUNTY	STATE
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22a I cert	ify that I took charg	ge of the remains des	cribed obove, held an	- Autopsy	, Inspection	Inquiry .	and in my apinio	n
death result	ed fram: Natu	ral causes	Accident . Su	icide . H	lomicide .	Undetermined manner		
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	Colla	Mest U	monne	Also V	PPIPE	MEDICAL EXAMINER	DATE SIGNED _	1 12-6/86
EXAMINED'S	NAME	ALC: NO PARTY			/ /			
(TYPE OR PRI	NT) Ch				99		Towson,	Md.21204
230. BURIAL, CREMA	TION, REMOVAL	23b. DATE	23t. NAME OF CE	METERY OR CREM	MATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
Burial		12-1-86	Morelan	d	Tor	Parkville	Balto.	
NAME		ADDRESS	2000 -		DEO	n 1006 /		
Ruck Tows	son Funer	al Home,	Inc. Towson	,Md.2120)4 UEU	J 1000 gu	ha Devideon	Kandall
	T. DECEASED NAM (TYPE OR PRINT) 3 SEX Female 70. BIRTHPLACE (S. FOREIGN COUNTRY) 10 CITY OR TOWN TOWSON USUAL RESIDENCE 30. STATE Marylan 14 FATHER'S NAM FIRST Stephe 160. WAS DECEASE (YES. NO, OR UNKNO 18. CAUSE OF PART 1 DI COndition gave in cause (a lying could UNDERLYING 190. DATE OF 190. DATE OF 190. DATE OF 210. EXTERN. UNDERLYING 220. I cert death result ACTUAL SIGNATURE EXAMINER'S 230. BURIAL, CREMA ISPECIALY BILLIA 24. FUNERAL 270. BURIAL, CREMA ISPECIALY REVEALEY 191. ACTUAL SIGNATURE 270. BURIAL, CREMA ISPECIALY 192. BURIAL, CREMA ISPECIALY 171. ACTUAL SIGNATURE 271. BURIAL 272. CREMA ISPECIALY 172. CREMA ISPECIALY 173. BURIAL 174. FUNERAL 175. CREMA ISPECIALY 175. CREMA ISPECIALY 176. CREMA ISPECIALY 177. CREMA I	REGISTRAR 1. DECEASED NAME (1YPE OR PRINT) MARY 3. SEX Female White 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York 10 CITY OR TOWN OF DEATH TOWSON USUAL RESIDENCE (IF IN NURSING HOME FRIST) Stephen 14 FATHER'S NAME STEPHEN Stephen 16a. 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WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 167. CONDITIONS, IT ONLY, Which gove rise to immediate cause (a) stating the under- lying couse lost. 170. EXTERNAL CAUSE WAS U.S. 180. CAUSE OF DEATH (Enter only one cause per life part 1 DEATH WAS CAUSED BY: 181. CAUSE OF DEATH (Enter only one cause per life part 1 DEATH WAS CAUSED BY: 182. CAUSE OF DEATH (Enter only one cause per life part 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING OR CONTRIBUTION CONTRIBU	REGISTAR 1. DECEASED NAME REGISTAR 1. DECEASED NAME FRIST MARY T. 3. SEX 4. RACE Female White Feb. 4, 1908 78 y 78 PEBLICAL EXAMIN TOWN OF LISTING OR FOREIGN COUNTRY) New York U.S.A. 10. CITIZEN OF WHAT COUNTRY? New York U.S.A. 11. NAME OF HOSPITAL, NURSING HOME FOREIGN COUNTRY NEW YORK U.S.A. 11. NAME OF HOSPITAL, NURSING HOME FIND IN SUCH FACILITY, ONE STREET ADDRESS) Multi-Medical Cent Waryland Baltimore Timonium 14. FATHER'S NAME Stephen Orlick 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR DUNKNOWN) IN YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per list for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE CONSTITUTING THE SIGNIFICANT (ON01110 NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR WHILE AT WORK AT WORK AT WORK 210. ICRITICAL TRANSPECT.) ACCIDENT TARMY CIT.) 220. I CERTIFY that I took charge of the remains described obove, held an death resulted fram: Natural causes ACCIDAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Charles F. O'Donnell, M. 230. BURIAL, CREMATION, REMOVAL 236. DATE BULLIAL 24. FUNERAL DIRECTOR ADDRESS 1050 YEARS 1050	REGISTRAR REGISTRAR I. DECEASED NAME (IPPE OR PRIPH) MARY T. WILLS 3. SEX 4. RACE S. DATE OF BIRTH Feb. 4, 1908 78 YRS. MARRIED JOURNAL OF WHAT COUNTRY? JOURNAL OF WHAT COUNTRY? JOURNAL OF WHAT COUNTRY? WORTH DAY NEW YORK U.S. A. WIDOWNED TO IB CITY OR TOWN OF DEATH TOWSON JOURNAL RESIDENCE (PININASING HOME OF OTHER PASTITUTION) GIVE #SSIDENCE BROOKES) JOURNAL OF DEATH JOURNAL RESIDENCE (PININASING HOME OF OTHER PASTITUTION) GIVE #SSIDENCE BROOKES) JOURNAL OF DEATH JOURNAL RESIDENCE (PININASING HOME OF OTHER PASTITUTION) GIVE #SSIDENCE BROOKES) JOURNAL OF DEATH JOURNAL RESIDENCE (PININASING HOME OF OTHER PASTITUTION) GIVE #SSIDENCE BROOKES) JOURNAL OF DEATH JOURNAL RESIDENCE (PININASING HOME OF OTHER PASTITUTION) GIVE #SSIDENCE BROOKES) JOURNAL OF DEATH JOURNAL	REGISTAR NARY T. WILLS 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR Female White Feb. 4, 1908 78 VRS. 3. BIRTHPLACE ISTATE OR PROCESSEDIENCE TO THE STRUTH NOW YORK U.S. A. 10. CITIZEN OF WHAT COUNTRY? 11. 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DHMH - 16 60M 7/84

MPORTANT

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burfai

Allan J. Chineus

1-08-86

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

Baltimore

23¢ NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

Baltimore Maryland

21207

21053

NO [

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STATE OF MARYLAND

	FOR 1 - STATE	DEPART	MENT OF H	EALTH AND MENTAL HYC	GIENE				
	REGISTRAR		CERTIF	ICATE OF DEATH	8 REGNO	3	0 .	0 6	-
14	(TYPE OR PRINT)	WIDDLE	- 1	AST	20 DATE OF DEATH M	NONTH DAY	YEAR	26. HOUR	Ì
7		rgaret M.	J.	olff	1	1 21	86	120	N
4		I. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS	-
	Female	White	Apri		60	YRS.	NIHS DAYS	HOURS MIN.	
		L CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED X	9. BALTIMORE CITY OR	COUNTYO	FDEATH		Ī
	Baltimore	USA	WIDOWE		BALTIMORE	COUNT	Y	M	D
pris,	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPATIO			F BUSINESS OF	_
	FORK	12717 Fork Rd			File cle			Securi	t
1	USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 136 COUNT			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE			Ī
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-	14 FATHER'S NAME	NDDLE LAST		15. MOTHER'S MAIDEN NA					_
3	John	Wolff		Mildred	MIDDLE	Ba	ayliss	T	
	160 WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES	*	2	1050	_
	no	214-22-0	6373	Mr. Nick Ma	incuso, 12717	Fork	Rd.Fo	rk,Md.	
	18 CAUSE OF DEATH (Enter only		nd (c.)				BETWEEN	IMATE INTERVAL ONSET AND DEATH	=
	PART I. DEATH WAS CAUSED IMMEDIATE	11 11 1	te	Endonted	Concumu		18	Ma	Ī
		DUE TO, OR AS A CONSEQU	JENCE OF			11.	1, 3		
	Conditions, if ony, which	(b)							
н	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF			- 17			
Н	underlying couse lost.	10	JETTEE OF						
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	NO.								
1	390 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	RIFE				YES NO	YES [NO 🗆	
5		216. TIME OF INJURY HOUR A.M. MONTH E	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM TO PART	I OR PART 2)		Ī
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
	214 INTURY OCCURRED	21- DIACE OF BUILDY		231 LOCATION					-

220 I certify that (I) (this hospital) attended the deceased from.

above, (1) (we) (did) (did not) view the body after death.

NOT WHILE

sow the deceased alive on_

22d PHYSICIAN'S NAME (TYPE OR PRINT)

226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

Burial

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

STREET

HIU

CITY OR TOWN

COUNTY

STATE

that (It (we) last

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED STAFF

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

7620

ATTENDING PHYSICIAN

MEDICAL DIRECTOR | PHYSICIAN

> 23d LOCATION CITY OR TOWN

Towson. Maryland

STATE COUNTY

24 FUNERAL DIRECTOR

Arthur A. Serpick, MD 337-1205

236. DATE

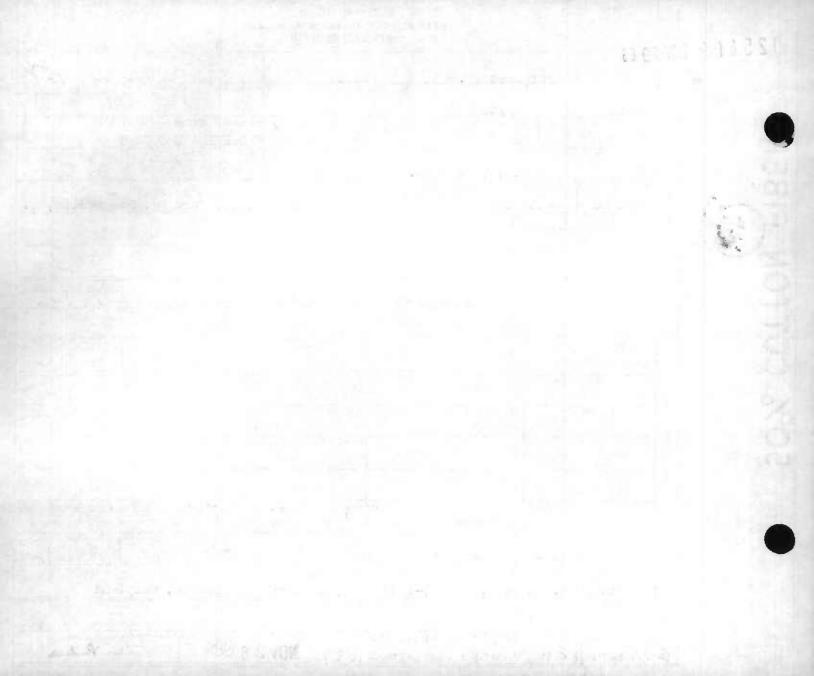
York Rd.

Cemeter Baltimore Maryland
1250 BATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
100 2 6 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

KINGEVILLE, MD. 2108



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hin 24 hours after death. Page 4 may be

PHYSICIAN: The law requires that the death cer

attending physicion

OR ATTENDING the hospital

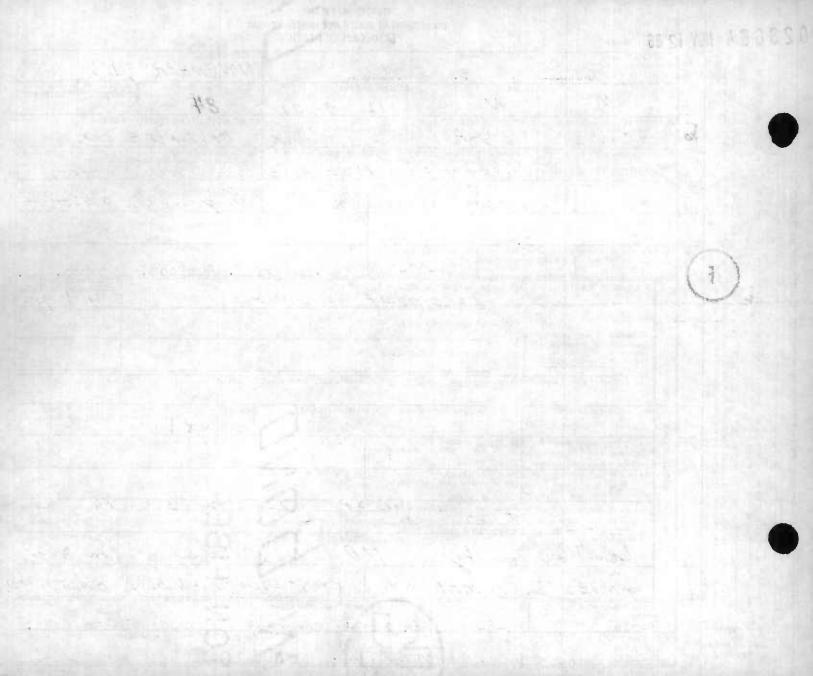
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FOR

STATE OF MARYLAND

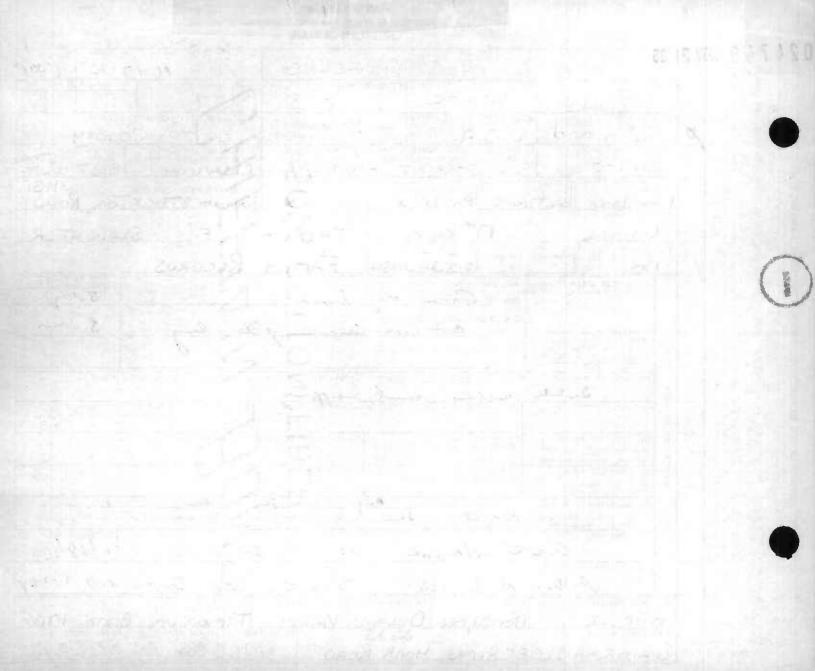
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IUV I	2'8	BREGISTRAR		CERTI	FICATE OF DEATH	REG. NO	0. 3 0 0 0
68	I. DE	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	11111	CHARLES	F.	WOODE	BURN	NOV EMB	ER 3/986
	3. SE.	X .0.4	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR IF UNDER 2. MONTHS DAYS HOURS
	-	101	N	1,	2 9 01	84	YRS.
30		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	ED NEVER MARRIED	·	R COUNTY OF DEATH
5	M	aryland	USA	WIDOW	ED DIVORCED		MONE CO.
2/	9	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 12b. KIND OF BUSINES F WORKING LIFE) INDUSTRY
2	-2	owson 🕴	VALLEY VI	EU NU	CSING HOME	Mail Cle	rk Market
35		STATE Nab. COU	ROTHER INSTITUTION GIVE RESIDEN NTY 13c. CITY (OR TOWN .	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE LT A 1212
100	14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LACT
26K	/	John		odburn	Alice	MIDDEC	Baldwin
V		VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	SS
X		no	212	2-07-020	B Mr. Harr	v W. Morf	oot, Upperco,
8)		18 CAUSE OF DEATH (Enter of	nly ane cause per line far rai				APPROXIMATE INTERV BETWEEN ONSET AND D
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No. of Sec.	h		DUE TO, OR AS A CO				
E OC		Canditians, if ony, which	((b)				
er tre		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF			
ţ		underlying cause last.	(c)				
Ö ,	В	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART I I a
5	O						
No //	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
6	TIF					YES NOM	YES NO
18 5		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART 2)
5/	CAL	IF EITHER, NOTIFY MEDIC AL EXAMINE	R) P.M.	19	1 - 1 - 3 - 3 - 3		
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OF TO	WN COUNTY STA
rke	<	AT WORK NOT WHILE AT WORK		1.1-6-1			
S 3		220 I certify that (I) (this hosp			28 1972		3 , 19 6 , that (I) (w
21		saw the deceased alive a above, (I) (we) (did) (did n	at) view the bady alter deat	19 <u>86</u> , c	and that in (my) (eve) apinian	death accurred an the do	ate and haur and Iram the causes stat
Hen		226. SIGNATURE			DEGREE		22c. DATE SIGNED
-		lamil 20	havely		ATTENDING PHYSICIAN	MEDICAL STAF	
3 /		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS		
90		SAMUEL I	I. O'MAI	VSKY	87051 46	CH KAVEN	BLUE BALTO.
3.4		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION	
	_	Burial	111-6-86	St. Pa	ul's Cemete	CHI ON TOWN	co Balto Mo
/83	_	UNERAL DIRECTOR			250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
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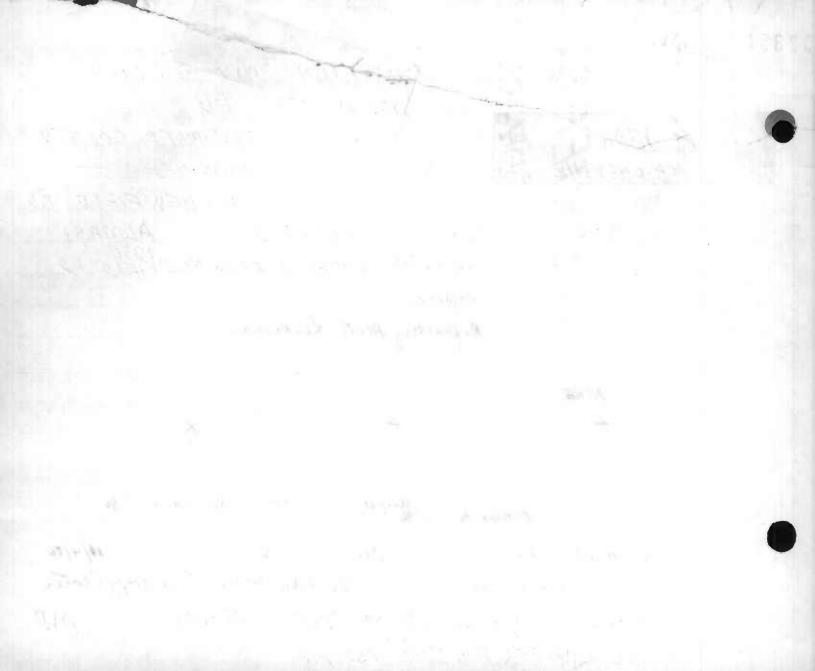


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DEC -CERTIFICATE OF DEATH REG NO 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR PEPE OR PRINT 186 Jr. HENRY EDWARD WYATT 2:522 6. AGE TIN YEARS LAST BIRTHDAY 3. SEX 4. RACE 5. DATE OF BIRTH IE UNDER I YEAR IF UNDER 24 HRS 1904 White MALE TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, BALTIMORE COUNTY U.S.A. Md WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INSULATED WORKING LIFE) GBMC-6701, SIVE STREET ADDRESS ES SI. **INDUSTRY** TOWSON WSUAL RESIDENCE (IE NUR! HID HE E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY 13c CITY OR TOWN 130 STEET ADDRESS 1 ZP CROE. 21157 13d INSIDE CITY LIMITS? Maryland carroll Westminster NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Edward Scaggs Wvatt Mary Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 132 North 9th Street Robert 18 CAUSE OF DEATH (Enter only one couse per line for 10) (b) and (c) PAPT | DEATH WAS CAUSED BY: CARDIOGENIC SHOCK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) carbo DUE TO, OR AS AGONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NOF YES NO [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, EARM, ETC 1 STREET. CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 11/20 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased nlive on $\frac{11/24}{19}$ 00 86 sow the deceased alive on. , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 5 obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED 11/24/86 ATTENDING MEDICAL hould be deta PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Johann F.A. von Frank GBMC-6701 N. CHARLES ST. 230 BURIAL, CREMATION, REMOVAL 23b DATE NAME OF CEMETERY OF CREMATORY 23d. LOCATION Cremation Elkridge 11-26-86 Howard Ma SIATE Park BP Memorial Son P 254 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S, SIGNATURE 24 FONERAL DIRECTOR DHMH - 16 60M 7/B4 ne devices - Kandas Last (VRA 15, 4)

	- 1			STATE OF MARYLAND		\
	-	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE	
200		- STATE REGISTRAR		CERTIFICATE OF DEATH	O DEG NO	7 0 3 11 0 7
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to de d	(1)	H NNQ	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	7//
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E 1 100	57	4 FATHER'S NAME	MIDDLE DC . LASI	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
W P PER	30	GEORGE	MIKA		6000	SLAUGHTER
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	1/	(YES, NO OR UNKNOWN) [IF TE		62084 FAMILY	RECORDS	
(3) 31-	#	18 CAUSE OF DEATH (Ente	er anly ane cause per line far (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E 1 153	2 2		e an Nrv 17 d nat) view the bady after death.		death accurred on the date of	and have and fram the causes stated
名	2	77b. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RAIL Gest Control	5-	a	ro isen	PHYSICIAN [DIRECTOR PHYSICIAN	11/18/186
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D HOSPI To Flored to Double be The Signature	8/	17-1h	A Jeppic	16 7620 York	- Rd Tuc	we no susy
21		230. BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	-	BURIAL	Nov. 21 1986	DULANSY VALLSY	Timorium	BALTO. MO.
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(VRA 15, 4		EVANS CHAPS		YORK ROAD N	MAY 2 0 1986	And a Devider Pondelle



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2 4	3. SE		4. RACE	S. DATE C	F BIRTH	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
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12 25		AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	NTY 13c CITY O	OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	WFIEL	BARD
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(VRA 15, 4)

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023442 NOY 19886 STATE OF MARYLAND

DEPAPTMENT OF HEALTH AND MENTAL HYGIENE

ı		REGISTRAR				CERTIF	ICATE OF DEATH	REG. J	10.	denti de			
ı		CEASED NAME	FIRST	٨	AIDDLE	ı	AST	20 DATE OF BEATH		DAY (E)R	26 HOUR		
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) FA	Willian	n J o \mathring{s}		Fix		Is MOTHER'S MAIDEN NA	Clair		right			
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1		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE CONTRIBUTI	AUSE OF DEATH	21b. TIME OF HOUR A.A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	PART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURR	RED	21e PLACE C			21f LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE		
		22a I certify that (I) saw the decease obove, (I) (we)(d			/	04	nd that in (my) (our) apinion	death occurred on the	date and hou	19 86 , t	that (1) (we) last couses stated		
		22b. SIGNATURE	u C Cl	hotaka	11	N	DEGREE ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE :	6/86		
		22d PHYSICIAN'S NA	AME (TYPE ORP)	at ce fi	eld		220 ADDRESS St A	fres Hosp	tal Balt	Mdo	229		
	Ė	URIAL, CREMATION,	REMOVAL	Nov.	0 1000	2/	emetery or crematory lowridge Me	m. Dorsey	/ H	oward	Md.		
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DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT.

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